DOCUMENT RESUME

ED 234 893 PS 013 795

AUTHOR McBroom, Elizabeth, Ed.
TITLE Child Welfare in Canada.
INSTITUTION University of Southern California, Los Angeles. School of Social Work.
PUB DATE 83
NOTE 81p.
AVAILABLE FROM University of Southern California School of Social Work, Montgomery Ross Risher Building, Room 214, University Park-MC 0411, Los Angeles, CA 90089 ($5.25).
PUB TYPE Collected Works - Serials (022) -- Viewpoints (120) -- Reports - Descriptive (141)
JOURNAL CIT Social Work Papers; v17 Sum 1983

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS Children; *Child Welfare; Community Action; Community Services; *Cultural Pluralism; Foreign Countries; *Health Services; Juvenile Courts; Legislation; Prevention; Public Policy; *Residential Care; School Social Workers; *Social Development; Voluntary Agencies
IDENTIFIERS *Canada; Context Effect

ABSTRACT

Reflecting the current state of theory and practice in child welfare in Canada, these eight papers suggest a contemporary view of Canadian children and the contexts in which they develop as defined by legal rights and society. First, Henry S. Maas argues that attention to normal social development and its contexts, and to related ongoing theory and research, might lead child welfare toward an increase in developmental or preventive work. Terry Russell and Landon Pearson then discuss the relationship between voluntary organizations and child welfare policy in its historical socio-legal context. The development of local services and community action on behalf of multiculturalism is reviewed by Anne-Marie Furness. Shirley Post describes preventive measures taken in several areas of child health, including prenatal and perinatal care, and additionally discusses problems such as immunization, smoking, and mental health. Gregory Grande and Gregory McClare provide an overview of Canadian school social work, emphasizing potential for preventive intervention strategies and suggesting a theoretical framework and possible future trends. Dorothy Chave Herberg focuses on issues in multicultural child welfare and provides a process-based model representing child welfare worker and client values in terms of high- and low-context communication situations. Concluding articles, by Geoffrey L. Pawson and John Hylton, respectively, describe residential group care and treatment programs and suggest implications of recent legislation for young offenders. (RH)

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ISSN 0272-9016

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VOLUME 17, SUMMER 1983

ED234893

Social Work Papers

The School of Social Work

University of Southern California

PS 013795

Child Welfare in Canada

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SOCIAL WORK PAPERS
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School of Social Work
Montgomery Ross Fisher Building
University Park - MC 0411
University of Southern California
Los Angeles, California 90089-0411

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EDITORIAL NOTES

Ranch Ehrlo Society of Regina has carried out the mission expressed in its motto, "For youth, to walk forward with pride," not only through its treatment program exemplifying the ecological model described herein, but also in publications to disseminate social work knowledge and information. Two of these, *Theory and Practice of Community Social Work* (S.J. Taylor and R.W. Roberts, editors, Columbia University Press, New York, 1983), and the present volume of SOCIAL WORK PAPERS, have been undertaken in partnership with the School of Social Work, University of Southern California. School and Society both claim Geoffrey L. Pawson, who is a doctoral graduate of the one, Executive Director of the other.

The eight papers in this issue do not pretend to be an encyclopedic report on the broad subject of its title. They are intended to suggest, rather, a contemporary view of the child and the contexts within which he develops as defined by his rights under the law and the society in which he dwells. The most impressive feature of that society today is multiculturalism. Canada is a nation founded by immigrants in new territory. They came first from England and France, later from Eastern and Southern Europe, Asia, the Middle East, and the United States, as people have migrated in search of opportunity and to escape oppression and the dangers of war and revolution in their homelands.

Maas notes the overrepresentation of native people or people in transition from one world to another among the families already most involved in child welfare's remedial services. An approach to contexts that foster development, on the other hand, is apparent in the Britannia Community Services Center and other programmes described by Furness and in new social services in the Toronto Public Schools which Grande and McClare report.

Not included here is focus on adult development and the environment through social work help offered to parents at their workplace. Projects at the University of Manitoba, among others, promise important breakthroughs in industrial social work. Also not appearing under a separate title, but represented in the theories of Maas and Herberg and the practice described by other authors, are native children and youth and their families.

Post and Russell and Pearson have provided reports on national voluntary agencies which supplement the government's health and welfare services and act as advocates for children. Rescue and remedial work are still necessary for some youth and young offenders. Pawson exemplifies three promising models of residential treatment. Hylton discusses a landmark redefinition of the rights and responsibilities of youthful offenders.

As these papers reflect the current state of theory and practice in child welfare in Canada, they provide a perspective for looking at all children and their families with awareness of their continuing openness to change and respect for their potential. They also speak for seeking out those on whom the inequities of society fall most heavily, and replacing coercive, delayed or divisive practice with more equitable and accessible opportunities for development.

—Elizabeth McBroom, Editor

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CONTENTS

Editorial Notes iii
Elizabeth McBroom

The Authors iv

SOCIAL DEVELOPMENT, ITS CONTEXTS, AND CHILD WELFARE 1
Henry S. Maas

VOLUNTARY ORGANIZATIONS AND CHILD WELFARE POLICY 10
Terry Russell and Landon Pearson

DEVELOPMENT OF LOCAL SERVICES AND COMMUNITY ACTION ON BEHALF OF MULTICULTURALISM 15
Anne-Marie Furness

CHILD HEALTH: SOME INITIATIVES IN PREVENTION 26
Shirley Post

SCHOOL SOCIAL WORK: STRATEGIES FOR PREVENTION 35
Gregory Grande and Gregory McClare

ISSUES IN MULTICULTURAL CHILD WELFARE: WORKING WITH FAMILIES ORIGINATING IN TRADITIONAL SOCIETIES 45
Dorothy Chave Herberg

RESIDENTIAL GROUP-CARE AND TREATMENT PROGRAMS 58
Geoffrey L. Pawson

THE JUVENILE JUSTICE SYSTEM: IMPLICATIONS OF THE NEW YOUNG OFFENDERS ACT 69
John Hylton

SOCIAL DEVELOPMENT, ITS CONTEXTS, AND CHILD WELFARE

Henry S. Maas

Sommaire

Les services sociaux pour le bien-être des enfants et les familles doivent considérer la recherche sur le développement humain et son écologie. Cet article présente une charpente scientifique comme une fondation pour les travailleurs sociaux, specialement pour l'intervention préventive. C'est une structure du développement social jointe aux concepts de l'environnement dans le cycle de vie. Par exemple, on trouve l'attachement d'un petit enfant à ses parents dans un réseau social; la famille doit se raciner dans un réseau social pour bien nourrir ses enfants. Ensuite, l'enfant peut explorer le monde et devenir capable, mais seulement dans un environnement sensible a ses efforts. Sa compétence devient reciproque dans une communauté partageante. Les services sociaux s'adressent à la même fois aux besoins humains et à ses environnements ou contextes. Cet article propose des applications de ces idées.

Child welfare agencies and workers are often so besieged by pressures from all sides that they may lose sight of their purposes. They may mistake their current programs for their reasons for being. Daily activities in agencies are frequently determined by crises in the lives of societally unintegrated children and youth. They may be called neglected and/or abused, disturbed and/or delinquent. What they tend to have in common, whatever label they are given, is that they are somehow peripheral to their society, undervalued by it, and often victimized. Is it any wonder that children and youth become alienated, feeling unbelonging and depressed? Or that there are high staff turnover, under-funding and organizational emergencies in agencies mandated to provide primarily remedial (after-the-pain) services? Under these circumstances, practitioners have little opportunity to review the assumptions, as well as the effects of their daily work.

Somewhat remote from, but not at all irrelevant to these harassments of child welfare practice are studies of normal child life, the contexts within which it is lived, and the concepts which both orient and derive from research. This essay aims to bridge a few theoretical and practical issues in the two separate arenas of recent developmental and ecological inquiry, on the one side, and planning and action aimed to better the lives of children and youth, on the other. At the very least, I hope my efforts will raise some questions about some current preoccupations — and blinders.

DEVELOPMENTAL ISSUES

Social work's long-term concern for children and youth has been coupled over the past half-century with a commitment to a developmental perspective. Key sources of this view in the 1920's were the inception of child guidance clinics and the importing from the old world of psychoanalytic theory. But developmental concepts have themselves developed in so many ways since then, as research has explored ever new problems and complicated the questions still to be answered. The basic idea of development as orderly, cumulative, and progressive change

through which the organism moves over time barely holds on as studies of old age and young and middle adulthood call into question the notion of predictible stages (in lifelong psychosocial development). But the importance of the contexts in which development occurs has become apparent in new ways which are very compatible with recent statements of social work's purpose and focus on persons interacting in their environments.[1]

What are fundamental developmental processes in early life, and what difference might these ideas make to child welfare workers? My assumption, elaborated at booklength elsewhere, is that the central purpose of the social services is to foster people's social development and contexts conducive to their optimum growth.[2]

Unfolding, being shaped, or interacting? To start with, I remind readers of square-one distinctions about human development. For some people, development is conceived as the unfolding of genetically programmed potentials. Developmental sequences are inevitably followed by human organisms from conception on, if others or material deprivation and illness do not interfere. This is the "nature" point of view in the old nature versus nurture controversy. Then, the environmentalists, who cannot deny genetic messages, argue that nevertheless an active milieu does most of the significant shaping of people's behavior. Finally, the dominant theme today is that children (and other human organisms) are not primarily reactive responders to powerful environments, but rather proactive initiators. They can appreciably modify the behavior of other people and other components of their surroundings as the latter, in turn, influence the children's development.

Enough research has been done, for example, on newborns in delivery rooms and during the neonatal period to pattern differences in parent-child interaction under various conditions.[3] More important than the patterns, however, is the primary residual image. The child is a psychosocially *interacting* being who alters nuclear and extended family relationships or other network linkages. For example, adult children becoming new parents tend to grow closer to their own parents as the young family's need for social supports increases.[4]

Moreover, infants normally bond and attach to parents, as parents normally and reciprocally attach to their infants.[5] Not only the children removed from

[1]Chauncey A. Alexander, "Social Work in the 80's: Issues and Strategies," *The Social Worker / Le Travailleur Social* 50 (Summer 1982) 63-67; and "Working Statement on the Purpose of Social Work," *Social Work* 26 (January 1981), 6.

[2]Henry S. Maas, *People and Contexts: Social Development from Birth to Old Age* (Englewood Cliffs: Prentice-Hall, in press).

[3]See, for example, M. Packer and D. Rosenblatt, "Issues in the Study of Social Behaviour in the First Week of Life," in *The First Year of Life* edited by David Shaffer and Judy Dunn (Chichester: Wiley, 1979); Joy D. Osofsky and Barbara Danzer, "Relationships between Neonatal Characteristics and Mother-Infant Interation," *Developmental Psychology* 10 (1974) 124-130.

[4]Doris R. Entwisle and Susan G. Doering, *The First Birth: A Family Turning Point* (Baltimore: Johns Hopkins University Press, 1981); Joan Aldous, *Family Careers: Developmental Changes in Families* (New York: Wiley, 1978).

[5]T. Berry Brazelton, B. Koslowski, and H. Main, "The Origins of Reciprocity: The Early Infant-Mother Interaction," in *The Effect of the Infant on Its Caregiver* edited by M. Lewis and L. Rosenblum (New York: Wiley-Interscience, 1974).

"neglectful parents" suffer separation pains; the parents suffer too. Thus, remedial services should not only "save the children"; they should serve whole families of troubled, deprived and troublesome people. But must child welfare limit itself to rescue operations? Can it not anticipate with developmental services? More on this later.

In short, development occurs, in current views, not merely as nature unfolding nor as nurture shaping but as both, in interactional processes. In these processes, environmental contexts are themselves reshaped, as they provide, ideally, conducive milieus for developing children and youth — and older people.[6]

Contexts which matter. Social work has traditionally differed from other professions in the human services in that it has long concerned itself with the physical and social-psychological environments in which people live. But this is a gross distinction so long as the idea of environment remains a vague one. Some years ago I tried to clarify some components of environments which matter to children and child welfare,[7] but since that paper I believe I have been able to develop the idea of meaningful contexts in more precise and useful ways, as I shall now suggest.

The children and youth involved in child welfare's remedial services tend to be societally unintegrated or peripheral, feeling unbelonging and alienated. Their families have a minimum of interaction and articulation with the mainstreams of society; they fail to find opportunities to participate or options appropriate to their capacities and values. Such families are overrepresented among minority groups — native people or people in transition from one world to another. On a neighborhood level, they are socially isolated families, exchanging neither greetings nor small services with the people living next door. In fact, they are sometimes highly mobile families, never staying long enough in any community to become a part of it. Poverty may drastically constrain their coping abilities, as well as their social development in general. They are forced to use formal services because they do not feel they have any entitlement or access to informal ones. Sometimes they fail to use even the formal human services which are available, until they are approached by official agents to whom they feel in no way related. What I am briefly describing is a social context and way of life remote from the kinds of social supports and human communication without which most of us could not survive. There is a sizable research literature on the societally unintegrated people who become child welfare clients. Developmental or preventive policies and services might provide a very different scenario, the settings or contexts for which are all important and described in the following paragraphs.

Normally, newborns arrive in an on-going society and a living place (the latter composed of home and neighborhood) which have in various ways anticipated the neonate's arrival. Though anticipation rarely fits with the complexities of reality, preparation can provide innoculation against overwhelming stressors. On-going society prescribes appropriate delivery-place options and the formal

[6]See also Urie Bronfenbrenner, *The Ecology of Human Development: Experiments by Nature and Design* (Cambridge, Mass.: Harvard University Press, 1979).

[7]Henry S. Maas, "Children's Environments and Child Welfare," *Child Welfare* 50 (March 1971), 132-142.

and informal socialization-preparations for parenthood. Anticipatory, also, are family allowances, arrangements for time off from work for employed parents, the availability of and access to appropriate housing and formal infant care services to buttress or substitute for parents' informal resources and incapacities.[8] Through such provisions, the macrocontexts of a society's economy, political system, and culture into which a newborn is delivered influence a child's early and growing up days. The impact is experienced by the child primarily through the contexts of the all-important living place, a physical and social space to which some child welfare workers may give inadequate attention.

For example, in infancy a prime developmental process is the growth of reciprocal attachments, as noted earlier. But this is likely to occur between the young and their parents in balanced ways only when the parents themselves have mutual attachments and supports from an extended kinship and/or friendship network which ministers to parental needs. The emotionally and materially unsupported parent can only precariously develop and sustain growth-inducing parent-infant attachments. Single parents are especially at risk; parenting an infant ideally occurs in a relatively equalitarian partnership with shared responsibilities for nurturance. Moreover, infants are able to form many attachments, and the social network in which the family is embedded is the major resource for infants' multiple attachments. Thus, a conducive context for infant development is a many-personed and supportive arena.[9] Developmental or preventive child welfare workers help to set up parent groups and foster network-linking. They work with those parents individually who for reasons of their social positions or their relationship capacities are not societally integrated. My one-time mentor, Richard Titmuss, proposed that a major and unifying goal of the social services is social integration,[10] and I believe this tenet applies especially to child welfare.

The next set of contexts needed in early childhood is less easily specified but can be sketchily suggested. These contexts are readily explorable arenas which invite the young child's pursuit of a developing curiosity, and, secondly, responsive environments which complement the child's development of new coping abilities. For, once developed, attachments provide the young with a secure base from which to venture forth into the world, to explore what is novel —and what is not, for the toddler? In the processes of exploration, the child manipulates what is new and thus may become competent and feel able.[11] I conceive of competence as both contextual and personal; one is only as

[8]Sheila B. Kamerman and Alfred J. Kahn, editors, *Family Policy: Government and Families in Fourteen Countries* (New York: Columbia University Press, 1978).

[9]See, for example, H.R. Schaffer and Peggy E. Emerson, "The Development of Social Attachments in Infancy," *Monograph of the Society for Research in Child Development*, 29, No. 3 (Serial No. 94) 1964; Michael Rutter, "Maternal Deprivation, 1972-1978: New Findings, New Concepts, New Approaches," in *Annual Progress in Child Psychiatry and Child Development, 1980* edited by Stella Chess and Alexander Thomas (New York: Brunner/Mazel, 1980).

[10]Richard Titmuss, *Commitment to Welfare* (London: Allen and Unwin, 1968) 22.

[11]See, for example, Mary D.S. Ainsworth and Sylvia M. Bell, "Attachment, Exploration, and Separation, Illustrated by the Behavior of One-year-olds in a Strange Situation," *Child Development* 41 (1970) 49-68.

competent as environments, more or less responsive to one's efforts, enable one to become. Moreover, the greater the variety of contexts in which children become and feel themselves to be competent, the fewer will be the environments which overwhelm them, become stressful, and leave them feeling helpless.

But competence used merely for personal gain is not likely to induce people's social integration. At about age eight, children normally develop the cognitive capacity to put themselves in other people's shoes (take the role of the other). From then on, during this preadolescent period, children use this new capacity, for example, to play team games (in which one must be able to understand the roles of other members on the team). The contexts which foster the development of the collaborative use of competence (one's own competence used conjointly with others for some superordinate goal) and reciprocity (being able to work synchronously and with awareness of others' needs) are milieus in which sharing is a dominant value. In some cultures, and in some community disasters in which all people are equally threatened, sharing is an integral part of daily living. For example, in Lethbridge, Alberta, middle class seven-to-ten-year-olds were found to be significantly more competitive than were matched native (Blackfoot) children who collaborated in an identical test situation.[12] The developmental potentials are there; different socialization in different contexts appears to make the difference.

For youth, modifying their sense of self-esteem and self-adequacy, there are at least two kinds of developmentally important contexts. They are productive work places, which include school and job settings conducive to increasing one's sense of adequacy, and community service programs in which youth can do things for others, and thus for themselves. The other important context is the intimate relationship, perhaps in a peer group which values and is not threatened by partnerships. Intimate partnerships grow out of a concern for another's welfare (capacity for reciprocity) and the experience of defenseless interchanges. Such relationships prepare the way ultimately for couples to share parenthood and thus renew the cycle of newborns and infants and so on. Not, of course, that development stops with the birth of a first child. Far from it. Few experiences more precipitously foster personal growth and change. The study of adult development, including development in old age, gives evidence of lifelong change, on which I comment in the following section.

Continuities and transformations. The study of adult development has proliferated in the past few decades in ways that are relevant to the fields of child development and child welfare. Limited by theories proposing that development ended with the cessation of manifest growth in height, if not before, childhood and adolescence became the starting and ending points of developmentalists' inquiries. Today, editors introduce a collection of papers on the search for continuities in development with the following observation: "... there are important growth changes across the life span from birth to death, many individuals retain a great capacity for change, and the consequences of events of early childhood are continually transformed by later experiences, making the

[12]Anthony G. Miller and Ron Thomas, "Cooperation and Competition among Blackfoot Indian and Urban Canadian Children," *Child Development* 43 (1972) 1104-1110.

course of human development more open than many had believed."[13] In other words, cautiously phrased, "... the assumption that the experiences of infancy and early childhood have a lasting and generalized effect on adulthood and personality is under increasing challenge by careful studies of the effects of early experiences, the results of which have not been entirely supportive of the simple continuity view."[14] And the power of differing historical contexts on human development is suggested by these life-span specialists as follows: "The course of history influences the life patterns of different birth cohorts, and we see that each birth cohort has features of uniqueness because it shares the experience of certain events and conditions at the same age as it moves through its lifetime."[15]

In our longitudinal study of a cohort of parents from their young adulthood into early old age, Joseph Kuypers and I found change to occur in later life in surprising directions and sometimes for the better from seemingly very constraining early circumstances, and sometimes the reverse. For example, one subgroup of mothers who had happily invested themselves totally in family life in their younger years were among the least satisfied of old women. By contrast, women who had found young adulthood and family life painfully constraining, after being widowed or divorced in their middle years and entering the labor force, as old women, still employed, found great satisfaction in their work and in life generally. They enjoyed a transformation not only in their life styles but also in their personalities.[16]

My purpose in introducing this third and last developmental issue, on continuities and transformations, is twofold: to indicate that assumptions about early (and later) developmental irreversibilities do not hold up under systematic research scrutiny, and to remind readers of the evidence that adulthood continues to be a time for developmental changes. Thus, work with and on behalf of children and youth should profitably include the significant and changeable adults in their environments. These adults, sometimes of two or more generations, are powers in the contexts within which young people normally try to realize their potentials.

MEANINGS FOR CHILD WELFARE

If child welfare, like other social services, aims to foster social development and the contexts in which it thrives, the ideas reported earlier in this paper should be transmutable into some practical propositions. Social development, I should note, is the processes through which people become increasingly able to interact competently and responsibly — that is, with recognition of others' needs — in an increasing array of social contexts. The ultimate goal of social development is the growth and use of the capacity for social responsibility, through which, for example, women and men serve on the boards of child welfare agencies or

[13]Orville G. Brim, Jr. and Jerome Kagan, editors, *Constancy and Change in Human Development* (Cambrige, Mass.: Harvard University Press, 1980), p. 1.

[14]Paul B. Baltes and Orville G. Brim, Jr., editors, *Life-Span Development and Behavior*, Volume 4 (New York: Academic Press, 1982), xi-xii.

[15]*Ibid.*

[16]Henry S. Maas and Joseph A. Kuypers, *From Thirty to Seventy: A Forty-Year Longitudinal Study of Life Styles and Personality* (San Francisco: Jossey-Bass, 1974), 118-125.

expend their energies on behalf of children in developing nations or work in their own neighborhoods to help youth engage in personally and socially useful local services. How can child welfare pursue its social developmental purpose in other than remedial ways?

In psychology books, in the chapters on perception, there are sometimes illustrations of ambiguous figures demonstrating figure-ground relationships. When you first look at the figure, you see a vase against a blank background. Continued looking reveals, instead, two people's profiles facing each other. What is really being portrayed? Both images, of course, although when we perceive one, we lose sight of the other. This situation, I believe, is analagous to the child welfare field today, except that we rarely allow a shift in focus from the crises and the remedial work they seem to demand.

The field in which these stressful events occur are the contexts of an on-going society and the many living places in which children begin and continue their social development. To the extent that we know what kinds of contexts support desirable social development, we should turn at least some of the resources we can obtain to fostering the growth and sustenance of such contexts. We should thus be slowing down the treadmill on which we continually revolve, trying to rescue the societally unintegrated. Instead, we might be preventing their frightening centrifugal orbits into solitary space, where social development, as it has been outlined, becomes nigh impossible. I briefly discuss, as illustrations, two fields for developmental work. A few agencies are already experimenting in these fields, but such programs are not yet widespread.

Attachments and the context of parental networks. If a launching pad for social development is the reciprocal attachments of parent and child, and we know that such attachments should be embedded in supportive parental networks, then programs should be addressed to generating and sustaining such networks, especially for high risk parents. Parent education classes for expectant parents are spreading, but they attend primarily to the physical and sometimes psychological care of newborns and young children and neglect the dimension of the parents-to-be's social or network resources and supports. The possibilities that within these prenatal groups, among members, are potential relationships for otherwise isolated parents may not often be explored. Moreover high risk parents, likely to become clients in child welfare agencies, may find such preparatory services alien to their ways of life.

On this probability, agencies need community-wise staff members who can team up with public health nurses and other human services personnel in an effort to locate socially unintegrated parents. Child welfare has knowledge and skills related to such case-finding; for many decades it has searched for and successfully found families who could foster other people's children. Such families are often centred in their own world; yet they have been located. Welcome wagon ladies visit newcomers to communities for commercial purposes. Might not child welfare workers, in conjunction with family service, neighborhood centre, and community development workers, originate programs to discover and serve parents who are socially isolated? Such service might inform them of existing resources, help them in various ways to connect with informal or self-help groups concerned with parenting and child care, and, at the same time, provide a model of a sharing and caring community person. The

literature on social networks, in both the social sciences and social work, is extensive and growing.[17]

Begun experimentally, evaluated, and then, if indicated, enlarged, a networking program for high risk parents would be developmental in the fullest sense of that term, fostering the social development of both parents and their children and perhaps reducing an increasing and overwhelming remedial caseload. Most important, the pains for some clients and for staff, when crises explode, might never be experienced. In addition to child care services, we need mother care and father care services, on a preventive basis.

Workplaces for youth. A central strand of the social developmental scheme I am proposing is the matter of personal competence, put to collaborative use when the capacity for reciprocity develops, and applied ultimately in socially responsible ways. I leap across the capacities for exploration of new contexts, and other components of the developmental framework, to the time of life when youth should be involved in meaningful ways in their society. They should not be excluded from it — from the labor force, from educational programs which arouse rather than stall the growth of curiosity, and from local community services. The productive contexts in which youth can begin to feel a part of their society provide the young with a chance to use their heads in decision-making and choices about their participation. Elsewhere, I have discussed the relative lack of attention given to the responsibilities of children and youth to their society.[18] Almost unaware, we habitually engage in age-segregated activities and attend to youth only and then punitively when they transgress adult rules.

Canada in recent times has had a remarkable set of service-job programs for youth and others, through LIP (Local Initiative Program) and OFY (Opportunities for Youth), all too quickly ended. A society which fails to incorporate its youth in meaningful employment — in fact, in jobs of any kind — ought not be surprised at youth's alienation and asocial or antisocial behavior. Child welfare and youth workers, as advocates and ombudsmen for a segment of society which has no organized power, should act as co-planners and co-spokesmen for the young. Planning might include programs to serve the housebound elderly, neighborhood young children, single-parent families and after-school recreational groups. Youth might participate in preparing local newspapers and other communication media, teaching athletic skills, providing big brother or sister services — a host of possible involvements. The developmental thrust aims at, simultaneously, youth's active social integration

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[17]For examples, see, Robert A. Stebbins, "Social Network as a Subjective Construct: A New Application of an Old Idea," in *Social Space: Canadian Perspectives* edited by D. I. Davies and Kathleen Herman (Toronto: New Press, 1971); Alice H. Collins and Diane L. Pancoast, *Natural Helping Networks* (Washington, D.C.: National Association of Social Workers, 1976); Roger E. Mitchell and Edison J. Trickett, "Task Force Report: Social Networks as Mediators of Social Supports — An Analysis of the Effects and Determinants of Social Networks," *Community Mental Health Journal* 16 (Spring 1980), 27-44; and Benjamin Gottlieb, "Social Networks and Social Support in the Design of Preventive Interventions," *Helping Networks and the Welfare State: A Symposium* (Toronto: Faculty of Social Work, University of Toronto, May 1980).

[18]Henry S. Maas, "The Child's Responsibility to Society," in *Perspectives on Family Therapy* edited by David S. Freeman (Vancouver, Canada: Butterworths, 1980).

and sense of self as useful, wanted, and belonging to their community and its macrosociety. Clinical approaches to youth's alienation are part of the remedial enterprise. What are the contextual options accessible to young people who are ready to join in and effect needed changes from the inside? Do child welfare workers help to generate the options for youth, or wait until correctional or other constraining forces, like the mental hospital's, are invoked?

SUMMARY THOUGHTS

Short papers on complex topics may leave both their readers and their authors frustrated, as issues are alluded to and inadequately pursued. My temptation to add to the previous section a few paragraphs on intimate relationships in youth, paralleled by the acute problem of teen-age pregnancies which child welfare tries to address, belatedly, is quelled. Perhaps enough has been suggested in this text to make clear a point of view, without, within prescribed space limits, further surface skimming over another complicated and painful subject.

My general message is that on-going attention to normal social development and its contexts, and to the on-going theory and research which underlie valid developmental and contextual perspectives, might lead child welfare into new arenas. There would then be an increase in developmental or preventive work and hopefully a diminution in remedial work and human suffering. The purpose of child welfare is to foster the social development and responsive contexts of children and youth — not only to try to re-induce developmental processes which have been blocked and gone awry. Repairing the figure might become unnecessary with appropriate, early-enough attention to the field. An old saw? But have you tested it recently, with the new and growing developmental and ecological or contextual knowledge available?

VOLUNTARY ORGANIZATIONS AND CHILD WELFARE POLICY

Terry Russell and Landon Pearson

Sommaire

Le gouvernement fédéral participe aux programmes ayant trait à l'enfance et à la famille grâce au transfert de fonds gouvernementaux effectué aux différentes provinces. L'autorité des provinces étant fondamentale, des programmes ayant remporté un succès notable dans une province particulière ont été par la suite adoptés par d'autres provinces. La notion de justice est telle que l'on fait tout pour promouvoir des efforts en vue de passer des lois uniformes.

Depuis la deuxième guerre mondiale, un important réseau d'organisations de volontaires s'est constitué comme force nationale de promotion et de direction. Ces organisations ont fait des recherches et ont publié d'importants rapports. Les fonctions de ces sociétés bénévoles sont décrites dans ce document et l'on a fourni une brève liste d'entre elles.

THE HISTORICAL SOCIO-LEGAL CONTEXT

In order to study the well-being of Canadian children, it is necessary to understand the historical socio-legal context. Canada was created in 1867 by the passage of the *British North America Act* through the British parliament. The *BNA Act* remained as Canada's main constitutional document until 1981 when the Canadian Constitution was proclaimed.

The *BNA Act* had not a single reference to children. However, in the allocation of powers between federal and provincial governments there were obvious concerns for children. The federal government reserved power to make laws about marriage and divorce, the criminal law and citizenship status. As well, laws pertaining to native children are in the federal domain. Provincial legislatures have jurisdiction over education, health care, and child welfare. From most points of view, including the constitutional allocation of powers, the quantity of legislation, the administration of services and courts, and financial responsibility, the provincial governments are predominant in provisions for children.

This provincial predominance is complicated in the province of Quebec, which is governed by the *Civil Code*. Elsewhere in Canada the legal system is derived from the English system and rests on Anglo-Saxon Common Law. Civil Law rests on the theoretical discussion of legal principles, leading to their application in each case. Single judgments or sets of judgments do not act as a lever for change in the manner that the body of case law does in the Common Law where previous judgments are used as precedents.

The relationship between the federal and provincial governments, while dynamic, is often uneasy. The federal influence in child and family policy is mainly through the transfer of payments to the provinces of federally collected taxes. A variety of methods have been used over the years to discourage provincial or regional disparity and to encourage comparability of services. However, with the predominant responsibility in the provincial sphere and a tradition that maintains provincial autonomy, disparities do exist.

There is a variety of methods to deal with disparity and inconsistency in law and social policy. With provincial authority being paramount, social programs are often developed in one province, then adopted by other provinces when they prove to be successful. Following the lead of Saskatchewan, Canada now has universal hospital and medical care established by each province. The notion of equal justice for children is strong enough that provincial governments have made serious attempts to pass uniform provincial laws.

As well as adopting successful models from each other, the provinces have established through their Attorneys-General the Uniformity Commissioners who meet regularly to draft and adopt uniform measures which the provincial legislatures can then enact as they require. When agreement is reached at these meetings, each province may undertake to pass a common statute reflecting this consensus. In these ways questions of social policy and law are debated, decided and enacted when appropriate across Canada. The federation remains one of mutual influence rather than central power. The major responsibility for law pertaining to children and the provision of services to meet their needs remains at the provincial level.

CHILDREN AND SOCIAL POLICY IN CANADA

In the years since World War II, there has been a gradual increase in emphasis on children's issues and family-centred social policy. With the predominant responsibility for children in the provincial sphere of influence it is only in recent years that children's issues have received much national attention.

The Canadian Conference on Children during the fifties and sixties focused on the needs of children and provided a forum for interchange and debate. Two important organizational changes grew out of these national meetings. The Canadian Council on Children and Youth was established to provide a national voluntary child advocacy focus which continues to provide leadership from its Ottawa offices and through provincial affiliates. In addition, a group of voluntary agencies established in 1964 the Commission on Emotional and Learning Disorders in Canada. In 1970, the CELDIC group published a benchmark report on children based on a five year study.

This report, *One Million Children*, outlined the needs of children for special services, commented on existing service provision, and provided a philosophical basis for the changes made in recent years. The CELDIC format utilized national and provincial committee structures to bring together the various professions and jurisdictions concerned for children and provided a unitary force for action.[1]

One Million Children represented approximately ten per cent of the child population of Canada in 1970, the ten per cent who have problems serious enough to interfere with the achievement of their potential and who therefore need special service provisions. This document provided a common base of understanding of the various problems facing children. For the first time a community of concern was developed for health care, protection, special education, court and residential services. Many of the directions plotted have been followed; general and specific recommendations have been legitimized in law, policy and practice. Most changes have been gradual yet incremental.

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[1]Commission on Emotional and Learning Disorders in Children. *One Million Children — the Celdic Report*. Toronto, 1970.

Presently, an update on the CELDIC recommendations is being prepared by the Canadian Council on Children and Youth. A "report card" will soon be available by which progress during the intervening years can be evaluated.

More recently, the National Council on Welfare has reported the effects of poverty on Canadian children. Their 1975 report, *Poor Kids*[2] provides a striking analysis which demonstrates that the poor get poorer, relative to the rest of Canadian society. By all social indicators — educational attainment, employment, adult income, health care, child welfare and court appearances — the children of the poor are disadvantaged disproportionately. Other studies prepared by the NCW provide further evidence of the social disadvantages to children of poverty.

The Canadian Council on Social Development, the Vanier Institute on the Family, and the Canadian Institute of Child Health have done much to raise the consciousness of Canadians about the needs of children and the steps society must take to meet them. They offer examples of the ways in which nongovernmental organizations can provide significant analysis of social policy issues, inform the public and serve as advocates for children.

In 1978, in advance of the International Year of the Child, the Canadian Council on Children and Youth published, *Admittance Restricted: The Child as Citizen in Canada*, a review of Canadian law and social policy as it affects children.[3] Sections were devoted to economic support, health care, protection and education and a special study was made of the urgent needs of Indian children. *Admittance Restricted* sets forth the present status of Canadian children and provides future directions for child welfare policy and legislation.

During the 1970's much political debate centred on the question of a uniquely Canadian constitution. With Canada's main constitutional document, passed by the British parliament in 1867, the "repatriation of the constitution" debate raised many questions about individual rights and social obligations. A Task Force on the Child as a Citizen in Canada was created to address the issue of children's rights and society's obligations.

Its report was based on the premise that human rights are indivisible, not to be partialled out to different segments of society at different times and under different circumstances. The rights and obligations of individuals are inextricably linked; consequently, the rights of children are not usually exercised directly but through intermediaries such as families, schools, courts, and child welfare agencies. Rather than attempt to codify and legislate children's rights and because children have not the maturity to exercise them alone, the Task Force recommended a significant change in legislative provisions. Social legislation should clearly state positive minimum standards of care and expectation pertaining to children. Current laws are negative in that they rely on punishment for people who abuse or neglect children and clearly inadequate in that they provide neither standards nor guidance for the care-givers or society's guardians.

Flowing from this understanding of human rights are three further premises which, taken together, provide the social context within which children's rights can be actualized. First, the family is central to society's concern for children and

[2]National Council on Welfare. *Poor Kids*. Ottawa, 1975.

[3]Canadian Council on Children and Youth. *Admittance Restricted: The Child as Citizen in Canada*. Ottawa, 1978.

requires support to carry out the role of primary mediator on behalf of the rights of the child. Second, the rights of children are linked directly to the equality of their opportunities and the state has a critical role to play in redressing imbalance of opportunity. Third, each child has an individuality of interest which must be recognized and represented in situations of conflict. The primacy of the family is open to question. Following from these premises the report goes beyond the "best interests of the child" to recognize the child as a person in the eyes of society. Thus we can arrive at a balance between rights and responsibilities and between authority and accountability for the child as citizen.

During 1979, the Canadian Commission for the International Year of the Child, focused attention on children's issues. Their report *For Canada's Children: National Agenda for Action*, provided many concrete recommendations for change.[4] The Commissioners came to realize and attempted to make the public aware that in a country as fortunate and affluent as Canada, there are many children being hurt, deprived and neglected. Furthermore, much of the neglect is benign and thoughtless. The massive changes that have occured within society in respect to children and families have been ignored by institutions and lawmakers. *The National Agenda for Action* provides Canadians with a rich source of information about future directions in caring for Canada's children.

One of the commission's greatest concerns was the fragmentary nature of existing government programs concerned with children. They found at the federal level no central focus for the nation's concern for its youngest citizens. This lack of a single responsibility point reflected little recognition of the pressing need to improve the quality of childhood. The provincial governments lacked policy responsibility centres.

The major recommendation of the Commission for structural change was the establishment of responsibility offices at all levels of government to ensure that children's needs are kept in the forefront and that new perceptions of the rights of children are reflected in long-term planning. A companion recommendation called for the establishment of a coalition committee of nongovernmental organizations to continue the work begun during the International Year of the Child.

Much debate but little concrete action on this recommendation for major structural change has taken place since 1979. Lobbying efforts are politely received but continuously ignored. Children's policy is still not a high priority in Canada.

CONCLUSION

The most significant social policy analyses pertaining to children in Canada have been provided by nongovernmental organizations. This body of work, which has been only highlighted in this paper, has done much to crystallize the crucial policy issues and create the directions by which the opportunities for children will be improved. Solutions recommended in the various reports await the political will to make required changes.

Advocacy on behalf of children at the federal and provincial levels of government remains a significant task of the coming years. Changes in law,

[4]Canadian Commission for the International Year of the Child. *For Canadian Children: National Agenda for Action*. Ottawa, 1979.

policy and practice are overdue. The nongovernmental agencies have combined to advocate changes in public priorities.

Anyone who wishes to understand more about recommended Canadian social policy for children may correspond with the responsible organizations. Their publications provide the background required, and they continue to work on behalf of children and youth. The following names and addresses are included to facilitate the task of inquiry.

Canadian Council on Children and Youth
323 Chapel Street
Ottawa, Ontario
K1N 7Z2

The Canadian Council on Social Development
P.O. Box 3505
Station C
55 Parkdale Avenue
Ottawa, Ontario
K1Y 4G1

The Canadian Institute of Child Health
Suite 202
17 York Street
Ottawa, Ontario
K1N 5S7

The National Council on Welfare
Brooke Claxton Building
Ottawa, Ontario
K1A 0K9

The Vanier Institute of the Family
151 Slater Street
Suite 207
Ottawa, Ontario
J1P 5H3

20

DEVELOPMENT OF LOCAL SERVICES AND COMMUNITY ACTION ON BEHALF OF MULTICULTURALISM

Anne-Marie Furness

Sommaire

La composition ethnic de Canada a beaucoup changée depuis la deuxième guerre mondiale. Notre préoccupation historique avec la question de l'équilibre entre la culture française et la culture anglaise a été contrainte de faire place à un souci pour le multiculturalism, un concept qui est interprêté et défini de plus d'une facon. Au niveau local, l'existance de vues et d'actions préventives et clairs pour résoudre les problèmes de migration, de rétablissement et de changement pourrainent constituer une force décisive, capable de déterminer le future, ainsi que le courant bein-être d'un grand nombre de Canadiens, immigrants ou natifs. Cet article tente de présente et d'illustrer une perspective préventive qui est basée sur des examples d'actions qui on eu lieu dans un milieu urban: Vancouver dans la Colombie Britannique.

MULTICULTURALISM: THE CANADIAN SCENE

Entering the decade of the 1980's, Vancouver School Board statistics indicate that English is the second language of almost half of the elementary school children, and one third of the secondary students.[1]

Comparable school population statistics describe other urban centres across Canada today. The ethnic composition of the country has changed greatly during the past 30 years. Persons of non-British and non-French origin now represent more than one-fourth of our total population; more than 70 ethnic cultures make up the Canadian mosaic.

In order to appreciate the context within which issues of resettlement and change are addressed at the local level, two points concerning the Canadian population mix need to be highlighted: changes in immigration policy in 1967 and the introduction of a multicultural policy in 1971.

Until 1967, Canada maintained an immigration policy essentially based on a quota system for non-white countries and an open system for most of the white countries of the world. Changes in immigration policy since 1967 have markedly reduced the racist bias in the present Act. One result has been massive increase in immigration from non-European regions, particularly India, Pakistan, Hong Kong and the Philippines.

The presence of large numbers of non-white immigrants in Canadian society is a recent phenomenon. In the period from 1946 to 1976, the population of non-white immigrants rose from less than 50,000 to more than 500,000.[2] During the period 1967 to 1977 the number of non-white immigrants from the "non-

[1]Vancouver. Social Planning Department. *Urban Reader*, 10, No. 1, 1982.

[2]Canada. Department of Manpower and Immigration, *Canadian Immigration Statistics*, 1946-1976. (Ottawa: Queen's Printer, 1977.)

traditional" source countries was approximately one-third of the total number of immigrants entering Canada.[3]

The dominant political and policy issues of bilingualism and biculturalism of the 1950's and the 1960's gave ground to the introduction of a multicultural policy in 1971 as Canada responded to the increasing demands of its changing ethnic mosaic. This policy set forth four objectives.

(1) The Government of Canada will support all of Canada's cultures and will seek to assist, resources permitting, the development of those cultural groups which have demonstrated a desire and effort to continue to develop a capacity to grow and contribute to Canada, as well as a clear need for assistance.

(2) The Government will assist members of all cultural groups to overcome barriers to full participation in Canadian society.

(3) The Government will promote creative encounters and interchange among all Canadian cultural groups in the interest of national unity.

(4) The Government will continue to assist immigrants to acquire at least one of Canada's official languages in order to become full participants in Canadian society.[4]

Ten years later, this expressed policy of "multiculturalism within a bilingual framework" continues to have its supporters and its critics. Opinion is clearly divided on the relative value of the different objectives. Its political implications remain uncertain in the context of nation states: it is still in the order of an experimental question whether the concept of Canada as a multicultural society can fit comfortably into a bilingual framework. Nonetheless, this policy, as Palmer[5] shows in his review of Canadian contemporary literature, emphasizes above all a shift from assimilationist to pluralistic assumptions.

However, the future of Canada as a multi-ethnic society rests on a great deal more than the presence or absence of an "official" ideology of multiculturalism on the part of the federal government.

Over time, the differential regional distribution of Canada's ethnic collectiveness has created what Dreidger[6] has termed a "regional mosaic," characterized by different patterns of ethnic segmentation and heterogeneity within each region. Also, within each region of Canada, there are significant local variations in the patterns of relations between different ethnic collectivities.

In addition to regional factors, provincial and local perspectives in terms of ethnic mix, as well as constitutional authority, provide some of the layers of complexity from which to ponder questions concerning the meaning of cultural pluralism in Canada.

In an important sense, the macrocosm of issues, dilemmas, needs, and opportunities that accompany growing diversity in Canada's ethnic composition and the rise of ethnicity as a social force can be examined in the microcosm of the local community. Points of view concerning the degree to which members of ethno-cultural minorities can be permitted to retain their own way of life and

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[3]Ibid.

[4]House of Commons Debate, 1971. Statement of Prime Minister Trudeau, October 8.

[5]Howard Palmer, ed. *Immigration and the Rise of Multiculturalism*. (Toronto: Copp Clarke Limited, 1975.)

[6]L. Dreidger, ed., *The Canadian Ethnic Mosaic*. (Toronto: McClelland and Stewart, 1978.)

identity without posing a threat to the unity and stability of the country are enacted in day by day community life. Equally, attitudes about how people with diverse ethnic roots can best be integrated into the larger society without negating their need and search for personal identity and ethnic group support are displayed in endless ways in every locality.

RESETTLEMENT PROBLEMS: A PREVENTIVE FOCUS

From a social work point of view, a number of lenses are needed to examine the interrelated issues of multiculturalism at the local level in Canada. One relevant perspective is to focus on selected facets of the process of uprooting, adaptation and resettlement of migrant families and children, emphasizing some of the essential interactional features between migrant and receiving populations if mutual opportunity is the goal sought.

In opening the 1977 congress workshops of the World Federation for Mental Health, Maria Pfister-Ammende proposed that five basic principles guide primary preventive activities to alleviate stress and strain leading to uprooting. She applied the same guiding principles to secondary prevention of uprooting; to the provision of *early* assistance to already uprooted people.

(1) Countries should produce the right skills in the right proportion to prevent a "brain drain" of their educated and skilled people.

(2) Migrant population groups should be actively involved in the planning of services to meet their needs; we should not be planning for such groups but planning together with them.

(3) Counselling services, as all other services, should be reachable.

(4) High risk groups include the single, the widowed, the old, the young male, and mothers without husbands. They should be sought out and special help provided to them since they are in particularly stressful situations.

(5) The participation of the receiving population is of paramount importance.[7]

I believe that the perspective Dr. Ammende brings to the complex process of migration and resettlement is as relevant at the local level as it is on the national and international scene. Without assuming that migration and change in and of themselves constitute a problem, she identifies some of the populations who risk experiencing uprootedness, calls for early provision of relevant, accessible services, and demands appropriate involvement of both the new immigrant and the host community in addressing evolving adaptive tasks. It is in the gestalt of her basic principles that I find the preventive perspective I seek to reflect.

In examining uprooting and resettlement, change and its consequences for individuals, families and communities involved in the transition, Dr. R. C. Nann states:

> The successful resettlement of immigrants and refugees is a complex process involving variables at the societal, institutional, family, and individual levels. The reasons which provoke a move, the personality makeup of the migrant, and the skills, knowledge and value systems he or she brings to a new environment are significant factors influencing the resettlement process. Equally crucial are the social, economic, and political policies of a receiving society which can either serve to facilitate or to

[7]Maria Pfister-Ammende. Prologue in *Uprooting and Surviving*, R. C. Nann, ed., (London: D. Reidel Publishing Company, 1982.)

frustrate the resettlement of newcomers . . . hostile or inhospitable social policies and institutional practices lead to such deleterious consequences as unemployment or underemployment, poor housing, educational deficits in immigrant children, deviant behaviour, and mental health problems.[8]

Nann[9] discusses a number of research-oriented papers presented at the 1977 and 1978 Congress Workshops on migration associated with the World Federation of Mental Health. The following points are among the common themes he identifies as emerging in these reports from many regions of the world concerning families and children who are uprooted whether by choice or by force of circumstances. Points selected for inclusion here are those judged to relate most closely to the preventive perspective delineated by Pfister-Ammende:

In situations of change, most people survive and adapt. But for many, the experience of migration, transplantation, and relocation leads to uprooting and possibly to a lasting condition of uprootedness.

Resettlement of migrant families and children involves variables at the societal and institutional levels as well as at the level of the individuals and the family.

There is need for resettlement policies and practices which serve to keep families together.

The nature and quality of social support seems to be one of the critical social variables related to settlement outcome. A relevant ethnic community is one important source of social support.

Language learning and cultural adaptation are inextricably interwoven processes.

There is need to locate services where they are accessible immediately and easily to members of a migrant group. This often requires decentralization of programs to a local neighbourhood level.

The multi-faceted nature of problems experienced by members of a migrant group will usually require the help of an interdisciplinary team, or of a well coordinated set of programs.

An essential program ingredient is the use of bilingual personnel who can communicate in the language of the migrant group and who understand its cultural background.

Without minimizing the importance of considering these themes in interrelationship, I suggest that the themes that relate to language and communication, family focus, social supports and accessibility of relevant services are of crucial significance to social work.

SERVICE DELIVERY AT THE LOCAL LEVEL: FOUR EXAMPLES

It is neither possible nor relevant to detail the resources and the gaps in services available in Vancouver and the Lower Mainland in relation to the change process occurring as the City moves or does not move to recognize the multicultural fact.

There is evidence, as Head[10] has said, that migrant populations are not served adequately by the traditional network of community educational, health,

[8]R. C. Nann, (ed.), *Uprooting and Surviving*, (London: D. Reidel Publishing Company, 1982), 2.

[9]Ibid, 1-9.

[10]Wilson Head, "Service Accessibility and the Multiracial Community," *Canadian Welfare*, 53, March-April, 1977.

recreational, and social agencies. There are examples, however, of such mainstream institutions offering innovative relevant resettlement services.

There are several formally organized ethnic health and social services agencies dealing effectively with the transitional experiences of newcomers. A number of projects exist which bridge gaps between immigrant needs and existing resources.

Four examples of local activities relevant to the planning and delivery of resettlement services are offered. Two examples describe programs in place serving particular multi-ethnic populations: the Britannia Community Services Centre and the Multicultural Home/School Workers' Program. The other two examples reflect efforts made to determine specific needs and desirable action in relation to issues of services delivery: the Social Planning Department of the City of Vancouver, and the Multicultural Concerns Committee of the British Columbia Association of Social Workers.

THE BRITANNIA COMMUNITY SERVICES CENTRE

> The Community Services concept, realized in Britannia, offers a new civic arrangement for coordination and integration of community services provided by a variety of agencies and people. ... In addition, it offers a centre for social action, a place where people meet to discuss local area and neighbourhood problems and work together to solve them.[11]

Located in East Vancouver, the Britannia Community Services Centre serves the Grandview-Woodland and Strathcona communities. These are two of the city's oldest communities, lying adjacent to one another, with the central business district on the west, the waterfront on the north, the Exhibition grounds to the east and a rail-line and road thoroughfare as the southern boundary.

The two communities described by Clague[12] as "historic staging grounds for immigrants, similar to Winnipeg's north end or Toronto's Bloor-Spadina district," have a combined population of over 40,000. Residents speak many languages, with Chinese and Italian the predominant non-English tongues. Considered depressed areas in the fifties, they are proving now, for many reasons, to be much sought after communities in which to live. Predictably land values are rising and higher density development is occurring in those neighbourhoods zoned for apartments.

Britannia Centre is a series of nine buildings on a twenty-four acre site offering a wide range of amenities and services. While the "service package" in and of itself may have limited relevance to other settings, the totality of programs available in this integrated complex illustrates the most visible outcome of a lengthy locality development approach and process to meeting specific community needs. Services include:

Child Care Services (nursery school; child minding; latch key).
Elementary school from kindergarten to grade seven.
Secondary school from grades eight to twelve.

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[11] Vancouver. Social Development Committee. *Community Services Centre (Britannia).* (Vancouver, B.C., December 1968, 16.)

[12] Michael Clague, "The Britannia Community Services Centre," in *Community Work in Canada,* Brian Wharf, ed., (Toronto: McClelland and Stewart, 1979.)

Community information centre with local "citizen-help" services including the City Planning Department; Canadian Citizenship Registry (Secretary of State); Native Indian Family Workers (Vancouver School Board); a Family Services worker; Immigrant Services project; an English language coordinator; and an information and counselling service for post-secondary education (Vancouver Community College).

A recreation program offering arts and cultural activities, fitness and sports opportunities in facilities that included gymnasia, a swimming pool and an ice rink.

A retired citizens' centre and a teen centre.

A library where school and public librarians, working as a single staff, serve students, teachers, and the general public.

Brittania[13] describes itself as a "blending machine" where the resources of existing agencies are obtained and rearranged to suit local needs and priorities. Britannia's administration (a board of management composed of 10 locally elected residents and 5 senior staff on-site), initiates its own program directly only when the agencies participating in the Centre are not in a position to respond, and then sustains them to the point where an existing agency can assume responsibility for continued operation.

Research concerning the Britannia Services Centre has focused on its unique development, design process, service integration, and local accountability. Attention also has been given to social change achieved through concerted social action undertaken by diverse interest groups functioning cooperatively. Now it is time to study in depth the effects of locally controlled, relevant, accessible and coordinated services on families experiencing the resettlement process.

THE MULTICULTURAL HOME/SCHOOL WORKERS' PROGRAM

The Multicultural Home/School Workers' Program is one of the outreach programs in the city that responds to the resettlement needs of immigrant families. Its major function is to bridge the gap between immigrant, home and school, and between home and community. The program is guided by three basic concepts:

(1) All immigrants who come to Canada share some common settlement experiences.

(2) A transitional service based on a bilingual and bicultural approach, using Anglo-Canadian and the immigrant's own language and culture, can ease the settlement process and facilitate and accelerate the integration of immigrants into Canadian life.

(3) A school-based service is an effective and efficient way of reaching families with children in this age group.[14]

A range of services is offered, including:

Orientation to school and community for students and parents.

Short term student or parent counselling.

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[13]Capital funds for the Centre have come primarily from the City of Vancouver and the Vancouver School Board with additional assistance from the Provincial and Federal governments. Operating costs are provided by the City and the School Board.

[14]Beverley Nann, "Settlement Programs for Immigrant Women and Families," in Nann, R.C., op. cit., 85-86.

Referral to community services.

Self-identification groups for students.

Encouragement of parent involvement in the school and in community activities.

Selective adult education activities (for example, parenting issues; career development; English instruction).

Multicultural exchanges and cultural sensitization of school personnel and the local community.

In 1983, these services were being offered by 16 multicultural home-school workers in these languages: Chinese (Cantonese and Mandarin), Indian (Hindi and Punjabi), Italian, Portuguese, Spanish, Greek, Filipino (Tagalog) and Vietnamese.

Emphasis is given to the school-based nature of this project, a position which provides unique opportunity to reach out to assess, monitor and respond to the situational, special needs of children and families. Reports from heavily worked and understaffed personnel indicate that many immigrants, because of their high regard for schools, are readily accepting services offered, even though they shy away from help available through other agencies.

Chud[15] has described a way of viewing the interface between the immigrant and the host community. Applying his "Threshold Model" specifically to the child, he discusses the "unobstructed," the "problematic," and the "traumatic" thresholds that the child may experience in the interactional process of moving from home to school and from school to home. His elaboration vividly illustrates why such outreach services as the Multicultural Home/School Workers' Program can be the critical, transitional bridge for new immigrants to explore the Canadian mainstream opportunities and for the host community to gain appreciation of the needs and aspirations of immigrant groups.

THE SOCIAL PLANNING DEPARTMENT, CITY OF VANCOUVER

No attempt is made here to report completely the extensive work of the Social Planning Department, City of Vancouver; or even the outstanding leadership given to the development of services for refugees and immigrants. The purpose is to highlight the Department's 1979[16] report on one critical issue: the non-English speaking population of Vancouver and its need for enhanced language support services.

The major findings of the report include the following:

One-fourth of Vancouver's population does not have English as a mother tongue (language first spoken and still understood). There could be as many as 30,000 residents who have little or no fluency in English. If current trends continue, there will be from 1,000 to 20,000 immigrants who cannot speak English settling in the City each year.

A representative profile of the non-English speaking person most at risk in Vancouver is an older person, sponsored by a working relative, with limited aptitude for learning English, undergoing cultural readjustment,

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[15]Ben Chud, "The Threshold Model: A Conceptual Framework for Understanding and Assisting Children of Immigrants," in Nann, R.C., op. cit.

[16]Vancouver. Social Planning Department, *Non-English Speaking People and Language Support Services*. Vancouver, 1979.

and reluctant to approach community agencies or government departments for assistance and support.

Competence in the English language is critical for a person to obtain community services and resources. Police, ambulance, fire, housing, employment, daycare, medical care, job training and skill development are essential services often denied the immigrant because of his inability to speak English.

Most community agencies and government departments have not yet recognized the need for interpreters and translation services for non-English speaking clients.

Planning for language services is often done on a piece meal basis, and funding is usually dependent on short-term grants. The responsibility for funding services for non-English speaking residents falls between the jurisdictions of various levels of government and government departments.

English language training opportunities need to be expanded, and the responsibility for providing classes for particular target groups needs to be clarified. Responsible agencies should offer more decentralized programs and develop more innovative types of programming, such as English language training in the work force.

There is need for all community agencies and government departments to improve language support services for their non-English speaking clients. This should include an inventory of staff language skills presently available in the agency, use of specialized language services, and hiring bilingual staff in areas where large numbers of non-English speaking people reside.

The funding policy of the Federal Government is based on the expectation that immigrants learn English and adjust to their new environment within three years. Reality is that many older persons never acquire an adequate fluency in English. Moreover, although a person may acquire some degree of competence in English, it is often not enough to deal with problem situations, government agencies or forms.

All community agencies and government departments need to provide translated descriptions and forms related to their services in the primary non-English languages in Vancouver: Chinese, Italian, Indo-Pakistan, German and Japanese.

Detailed extracts from this report are cited in order to convey the multiple ramifications of inadequate attention to issues of language and communication. It is argued that too many implicit assumptions are made in both policy setting and service delivery, reflecting the conception that the full burden of responsibility (as well as motivation) lies with the immigrant to negotiate the process of acquiring new language competence.

MULTICULTURAL CONCERNS' COMMITTEE

The Multicultural Concerns' Committee of the British Columbia Association of Social Workers, one of the most active units of the professional association, has undertaken a wide range of activities over the past five years, reflecting high commitment to the spirit of multiculturalism.

As one of its activities, the M.C.C. sponsored a research project [17] in 1981 designed to identify a range of services available to refugees, immigrants and other non-English speaking persons in the Lower Mainland; identify staff members with particular skills to bring to the helping situation in a multicultural context; and explore with these staff members their possible interest in establishing an informal network through which to share their experience and problems in service delivery.

A protracted mail strike that summer hampered the project insofar as it limits the conclusions that can be drawn from the 33 per cent return to the 415 questionnaires distributed to a wide range of organized services in the Vancouver area, and to staff members identified by those organized services. However, several important themes which have influenced subsequent activities of the committee emerged from the research.

Three of these themes are:

(1) The majority of responding health and welfare agencies were serving a diversity of clients. More than 15 different ethnic groups were mentioned.

(2) Several key social agencies saw no need for special staff resources or training to facilitate service delivery in a multicultural context. On the other hand, an equal number of major agencies mentioned staff seminars and special services being offered, focussing on the special needs of new immigrants and refugees.

(3) When including responding agencies specifically set up to serve new immigrants and refugees, over 100 paid personnel identified themselves as language/cultural workers, delivering services in more than 18 languages. It is possible that fewer than half of these workers would be eligible to join the professional social workers' association. These staff members expressed high interest in forming a Multicultural Workers' Network and in contributing to the publication of a British Columbia Directory of Multicultural Workers[18].

There is mounting evidence that agency commitment to serving the needs of a multicultural clientele must be demonstrated by specific efforts to train staff in the nuances of language and culture. This undertaking includes the need to maximize opportunity for social workes and language/cultural workers to work closely together, learn more of each others' perspectives and skills and work towards refining (and sometimes redefining) those facets of intervention that will evolve only as helping professionals acquire clearer appreciation of the cultural dimensions of their work.

DISCUSSION

Two continuing problems which need to be addressed at the local level are the paucity of unified, comprehensive services available to our population experiencing the complex processes of uprooting, migration, and resettlement

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[17]This project was funded by a University of British Columbua summer employment program and was staffed by three social work students: David Hall, Coro Strandberg, Zoya Taylor.

[18]A Working Draft of the British Columbia Directory of Multicultural Workers has now been compiled; its completion and publication awaits adequate funding.

The Multicultural Workers' Network, with over 150 members, has just celebrated its first and successful year of operation.

and the paucity of social workers equipped to offer culturally sensitive professional help. Significant leadership would be available to the community at large if these problems were addressed *in action*, and in *interrelationship*.

To borrow Cheetham's phrase describing data concerning the British scene, the provision of social services for ethnic minorities has been "patchy, piece-meal and lacking in strategy."[19] In the professional arena we are still in the early stages of coming to grips with the realities of the culture bound development of our profession. New learning and growth must come in the interactional situation of help from our clients and help from each other. We are currently in danger of institutionalizing two help-giving cadres: the language/culture worker and the professional social worker. We must now put our own house in order by demanding that pluralism not entail separatism. One model, given appropriate modifications, that would promote the development of culturally sensitive professional help with unified, comprehensive services is detailed in *Child, Family, Neighbourhood: A Master Plan for Social Service Delivery*.[20] Contextually anchored in data about family-centered child welfare, it articulates a model of service provision intended to coordinate practice through a continuum of service needs from psychosocial education about developmental tasks to mobilizing resources and treatment for severe dysfunction.

In elaboration:

> In this integrated-methods model for social work practice, needs, rather than worker or agency preferences, should determine the modality of intervention — thus integrated services are to be offered to families, peer groups, individuals, groups of families, and/or communities, depending upon their perceived requirements. Services would be neighbourhood based and provided by a collaborative team of M.S.W. social workers who would plan, coordinate and provide preventive and treatment services to families in the community. Although the neighbourhood family services would be connected to a larger social service agency, the team would be administered by an onsite team manager responsible for liaison and coordination with the larger social services network. The model represents an approach to social work practice that is community based and responsive to family, groups and community needs, with ongoing research evaluation and development of content for professional education.[21]

Although it risks skewing a carefully integrated, comprehensive model of family-centered child welfare services at the local level by simply extracting one or two of its features, this text describes a way of using generalist and specialist social work staff to attempt maximum relevant fit between situational human need and appropriate, situational social work intervention. If members of such a team also reflected language and cultural knowledge relevant to the neighbourhood to be served and could serve as consultants to each other with regard to particular ethnic groups, then cultural understanding would become an important component of the situational helping process.

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[19]Juliet Cheetham. *Social and Community Work in a Multi-Racial Society*, (London: Harper and Row, 1981, 4.)

[20]June Brown *et al.*, *Child, Family, Neighbourhood: A Master Plan for Social Service Delivery*. (New York: Child Welfare League of America Inc., 1982.)

[21]Ibid, ix.

Of equal importance, team interaction in long-term care planning would help to identify underlying assumptions, issues, and problems in local service delivery in a multi-cultural context. I suggest that the essence of sound preventive social work intervention in a multi-cultural context lies not only in effort to be clear in delineating "what needs to be prevented and how," but in openness in questioning, often initially through interaction, the possible existence of culture-bound professional stances which obscure understanding of diverse pathways towards similar goals.

CHILD HEALTH: SOME INITIATIVES IN PREVENTION

Shirley Post

Sommaire

En dépit des ressources insuffisantes et du manque de soins officiels en ce qui concerne la santé des enfants, on devient de plus en plus conscient du problème qui existe dans ce domaine. Une nouvelle tendance cherche à intégrer les services de santé avec le style de vie, l'éducation et le milieu ambiant. L'institut de Sante des Enfants (Institute of Child Health) a commencé à remporter des résultats notables grace à son programme de promotion et d'éducation. On constate déjà un certain progrès pour ce qui est des soins pré-nataux et périnataux, pour les soins des enfants traîtés en hôpitaux et pour les programmes ayant trait à l'immunisatîon et à la prévention des accidents. Le but ultime de ces programmes est la promotion de la santé des enfants.

In a country preoccupied with constitutional change, unemployment, and the price of oil, it is difficult to focus attention on the development of human services. Yet, the social and economic implications of ignoring the health of mothers and babies are enormous.

Canada has a population estimated at 24 million. About one-third of these are under the age of 21. Canadians are giving birth to over 350,000 babies each year, and this rate is likely to be maintained or to increase for as long as the number of persons of childbearing age more than offsets the effect of lower fertility rates.

However, Canadians, complacent about the health of the country's children, seem to assume that universal medical and hospital insurance programs provide adequate services and promote good health. Such an assumption is not justified.[1] Our infant mortality rate is higher than that in some other countries. Fifty per cent of our children receive no dental care. Child abuse and neglect appear to be increasing, day care resources are inadequate, and many children live in poverty. Suicides and acts of violence among teenagers are rising. Last year more children and youth died from accidents than from any other cause.

However, there is some "good news" when we examine child health in Canada in 1983. Two new developments are of special interest; a growing recognition that the kinds of problems threatening the health of children are changing and, second, an increasing shift in focus from an episodic, illness-oriented health system to a continuum of care[2] that integrates health maintenance, wholesome life styles, health services, social services, the educational process, and the child's environment.

Accidents, congenital abnormalities, leukemias, acute infections and tumours continue to kill and disable children, but a new set of medical and social problems termed the "new morbidity" is increasingly apparent. Among these problems are

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[1] *For Canada's Children — A National Agenda for Action.* A report of the Canadian Commission for the International Year of the Child, 1979. From the Canadian Council on Children and Youth, 323 Chapel Street, Ottawa.

[2] S. Post, "A Continuum of Care for Mother and Child." *Policy Options* 1, (December 1980/January 1981).

suicides, abortions, venereal diseases, alcohol, smoking and drug abuse, long term chronic disabilities and diseases, learning and behavior problems.

Many of these concerns lie beyond the boundaries of traditional medical care. They are bound up with more general social questions about the stresses of modern living, the effects of poverty, the family structure, and child rearing. The search for solutions must include the cooperative efforts of professional health care providers, parents, social workers, and all levels of government. In short, the perspective about what is involved must be considerably widened.

This shift in focus is illustrated in the 1974 report of the Minister of National Health and Welfare.[3] The report concludes that future improvements in the health of Canadians rely mainly on improving the environment, moderating self-imposed risks, and adding to our knowledge of human biology. Such efforts are likely to have a greater impact than the search for cures for specific medical problems.

Philosopher Ivan Illich[4] has suggested that healthy people live in healthy houses, on a healthy diet, in an environment that promotes the social and cultural development of an individual who feels a sense or responsibility for his own health maintenance (and, I would add, for the health of family and community).

Examples of child health "happenings" in Canada which indicate that these new directions are taking hold follow.

A NEW NATIONAL ORGANIZATION WITH A FOCUS ON CHILD HEALTH

The Canadian Institute of Child Health[5] was founded in 1977 on the assumption that the first step toward improving the health of children was to change the attitudes of responsible government officials, consumers, and professional providers about healthy children as an important resource. The second step was to work for agreement on coordinated action to resolve specific child health issues.

The Institute works through education and advocacy. Its approach is family-centered, multidisciplinary, and task oriented. Problems are identified and documented, priorities established, solutions proposed, and relevant activities undertaken. These activities may include political action, public education, and professional awareness efforts, as well as acting as a "catalyst" to bring together other organizations to promote social change.

The Institute has been successful in initiating preventive activities in several areas of child health. One of the most important of these is described in the following section.

PREVENTION OF HANDICAP THROUGH PRENATAL AND PERINATAL CARE

A baby's best chance for a healthy beginning is to be born to a healthy mother. Some progress has been made in saving maternal and infant lives, although the

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[3]Canada. Health and Welfare Canada. *A New Perspective on the Health of Canadians: Report of the Minister* (Ottawa, 1974).

[4]Ivan Illich. *Medical Nemesis.* (Toronto: McLelland and Stewart, 1975).

[5]*The Canadian Institute of Child Health: A Feasibility Study.* Prepared by S. Post for the Hospital for Sick Children Foundation (Toronto, 1976).

perinatal death rate in some parts of Canada is still unacceptable. Of more importance from a humanitarian and economic viewpoint is the number of infants who survive with a serious disability.

A background paper issued by the Institute[6] in 1978 to consider prenatal-perinatal care and prevention of handicap found that there was much still to be done in this important area of maternal-child health. The statistics indicated that although we have had falling infant mortality rates during the last 20 years, we still rank eleventh in the world, with an infant mortality rate of 15 per 1,000 live births in 1977. Perinatal death rates from province to province showed a wide variation. The literature also indicated that for every perinatal death, there are two or three infants who survive but are damaged in varying degrees.

Correspondence and informal talks with national agencies, professional organizations, provincial governments, and individuals indicated a growing interest in the prevention of handicap. In 1978 the Institute organized a meeting to bring these groups together. The result has been *The Coalition for the Prevention of Handicap*. The following organizations were invited to participate:

Canadian Association for Children With Learning Disabilities
Canadian Paediatric Society
Canadian Nurses Association
Canadian Hospital Association
Society of Obstetricians and Gynaecologists of Canada
Health and Welfare Canada
Canadian Association for the Mentally Retarded
Canadian Rehabilitation Council for the Disabled
Canadian Medical Association
Canadian Public Health Association
College of Family Physicians
L'Association des Medecins de la Langue Francaise du Canada
Federation des Medecins Omnipracticiens du Quebec.

The Coalition is planning programs to make professionals, the public, and governments officials aware of the importance of prenatal and perinatal care in preventing handicap.

A series of Information Papers[7] produced by the Institute provided follow-up data to the original report. The papers were prepared in cooperation with the other members of the Coalition and experts in the field. Before publication, they were reviewed by experts and approved in principle by the Coalition. Endorsement, modification, and utilization was left to each individual member organization.

The papers include the following topics:

1. Family-Centred Maternity, Newborn and Early Childhood Care in Canada
2. Adolescent Pregnancy and Sexuality
3. Standardized Antenatal Record

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[6]J. Brown. *Prevention of Handicap: A Case for Improved Prenatal and Perinatal Care* (Ottawa: Canadian Institute of Child Health, 1978).

[7]Coalition for the Prevention of Handicap. *Information Papers.* A Series of papers on topics related to improving perinatal care (Ottawa, Canadian Institute of Child Health).

4. Nutrition in Pregnancy
5. Hospital Perinatal Committee
6. Rh Isoimmunization
7. Rubella
8. Newborn Screening
9. Statement regarding the use of tobacco and alcohol during pregnancy
10. Residual Handicaps in Children of Low Birth Weight
11. Neonatal Resuscitation.

In addition, two national conferences on perinatal care have been held, and a third is planned in Nova Scotia in 1983. This province has made reproductive care a major priority for the last ten years with outstanding results.

Another encouraging development is that the Canadian Association for the Mentally Retarded, the Easter Seal Society, the Canadian Association for Children With Learning Disabilities, the Canadian Rehabilitation Council for the Disabled, and the Cerebral Palsy Association have all been producing educational materials and holding seminars with the message that many of these disabilities can be prevented. They all promote prenatal programs of regular exercise, good nutrition, refraining from smoking, avoiding alcohol and medication, and seeking early medical care.

Following a national survey in 1981[8], the Institute has undertaken to advocate for improved psychosocial care for reproductive families. Hospitals are being asked to review their obstetrical policies and procedures.

Forty years ago, most babies were born at home; maternal deaths were not uncommon and many newborns died. In recent years, 99 per cent of Canadian children have been born in hospital. A maternal death is a rare event, and experts believe that if we apply our present knowledge, infant mortality and morbidity can be further reduced. Yet, now in the eighties, there is a growing enthusiasm for home births. This trend has been blamed on the impersonalized environment and enforced helplessness experienced by mothers in hospital. Today, most parents wish to be together during the birth of their baby and many of them are asking to be included in the decisions made about episiotomies, anaesthesia, and position for delivery. A number of family centred activities and practices that humanize and improve the quality of care have been advocated in the professional literature for more than 20 years. These activities include prenatal education, rooming-in, breast feeding, fathers in labour and delivery rooms, sibling and grandparent visiting. However, the Institute's 1981 survey of 394 maternity units showed that many hospitals still retain certain routines that interfere with a family-centred approach to childbirth. Some of these include routine shave of perineal hair, an enema, analgesia and anaesthesia, delivery in lithotomy position in stirrups, and separation of mother and infant after birth. There is also a great variation in the practice of obstetrical care both between provinces and between hospitals of different size. Questions about the scientific basis for these procedures remain unanswered. Many physicians, as well as parents, are suggesting that all obstetrical practices be reappraised.

The Institute has supported the Canadian Medical Association and the Society of Obstetricians and Gynaecologists of Canada in opposing home births

[8]S. Post. "Family-Centred Maternity Care: The Canadian Picture." *Dimensions in Health Service* (June, 1981).

because the health care system in Canada is not organized to support home deliveries. The back-up services needed in case of emergency do not exist, and the mother and baby may be placed in jeopardy. However, the question of *whether or not* to provide family centred care is no longer relevant. The question is *how* to provide it. The Institute has produced a guide[9] for physicians, nurses, and administrators to use in evaluating their departments. In addition, provincial hospital associations were approached. Several of these associations have asked all hospitals delivering maternity care to review and evaluate their obstetrical policies and procedures.

In addition, Health and Welfare Canada has provided the Institute with funding to make a film which will depict the important elements of a family-centred approach to birth. Everyone agrees that we must speed up the changes that are needed to make childbirth a joyous experience for families while reducing perinatal mortality and morbidity. Everyone wants Canadian babies to be the healthiest babies possible.

It is important that parents feel happy and secure about their parenting skills. The survey of maternity units also indicated that a greater effort was needed to encourage nurses to do health teaching with new parents. The Institute now has two new publications: a manual to assist hospital and communty nurses in planning educational programs for new mothers[10] and a booklet for parents.[11] The booklet for parents was developed in cooperation with the Government of Canada, Fitness and Amateur Sport, to help promote safe exercises and play activities for the child during the first two years.

OTHER PROGRAMS AND PROBLEMS

Care of Children in Hospital

In general, medical services for hospitalized children are of high quality in Canada. Children are served by ten children's hospitals and six other major medical centres and by units in general hospitals. The impact of hospitalization can be emotionally and developmentally devastating for a child. Recognition of this fact has led to more ready acceptance of unrestricted visiting for parents, play programs, preparation programs, and school facilities as essential parts of any children's unit. The drive for improved psychosocial care has come through parent pressure and from the Association for the Care of Children's Health.[12] This international organization now has ten affiliate groups in Canada. They are continually at work changing attitudes about the special psychosocial needs of children and their families when illness strikes and urging hospitals to adopt a more family-centred approach.

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[9] *Family-Centred Maternity and Newborn Care: A Resource and Self-Evaluation Guide* (Ottawa: Canadian Institute of Child Health, 1981).

[10] Judith Hindle. *Health Promotion for Parents of Newborns: A Program Planning Guide for Hospital and Community Nurses* (Ottawa: Canadian Institute of Child Health, 1982).

[11] *Moving and Growing: Exercises and Activities for the First Two Years* (Ottawa: Fitness and Amateur Sports and the Canadian Institute of Child Health, 1983).

[12] The Association for the Care of Children's Health, 3615 Wisconsin Avenue, N.W., Washington, D.C.

The Canadian Institute of Child Health recognized that there were no guidelines for care of children and youth in hospital and drew this to the attention of the federal minister of health. A federal working committee was established, and the new guidelines were published in 1982.[13] It is expected that they will become the criteria for the accreditation of children's units in future years.

The Institute has developed a self-evaluation guide and resource manual to assist nurses, physicians, and administrators in evaluating and upgrading their units.[14]

Immunization

Some parents are still complacent about the dangers of infectious diseases, and immunization coverage could be improved in many parts of Canada.

A central issue at this time is whether legislation is required to ensure evidence of vaccination as a prerequisite for school entry.[15] This approach has been adopted in Ontario and New Brunswick. Opponents to legislation point out that with adequate information about the diseases and the benefits of vaccination and a delivery system capable of meeting and challenge, success can be achieved without legislation. The debate in Canada is centred on the elimination of measles. In 1980, both the National Advisory Committee on Immunization and the Canadian Paediatric Society recommended the goal of indigenous measles elimination in Canada. The United States has come close to eliminating measles, and enforcement legislation has been credited for high immunization coverage rates.

There can be no dispute that measles is a potentially serious disease. At present measles immunization coverage is inadequate in Canada, and many children are being needlessly exposed to a possible lifetime of disability and death from a potentially preventable disease. Unless parents and professionals can quickly demonstrate that they can significantly improve immunization coverage rates and eliminate measles, other Canadian provinces will undoubtedly follow New Brunswick and Ontario and enact compulsory immunization legislation.

Smoking

Health and Welfare Canada, in collaboration with other agencies, governments, and community groups, has launched a long-term program aimed primarily at preventing smoking among young people.

The program, called "Generation of Non-Smokers," has as its ultimate goal producing a generation of non-smoking Canadians.[16] The program, introduced in 1982, will continue for several years. It is part of Canada's contribution to the World Health Organization's objective, "health for all by the year 2,000." The

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[13]Canada. Health and Welfare Canada. *Child and Adolescent Services in General Hospitals* (Ottawa, 1982).

[14]*An Evaluation and Resource Manual for Care of Children and Adolescents in General Hospitals* (Ottawa: Canadian Institute of Child Health, 1982).

[15]F. M. White. "Eliminating Measles in Canada — Is Legislation Necessary?" *Health Education* (Spring, 1983).

[16]Towards a Generation of Non-Smokers. Health and Welfare Canada, News Release (May, 1982).

campaign attempts to promote the positive image of non-smokers and to destroy the illusion that smoking is the norm or a means to social success.

Promotional and educational materials will be made available to schools, day care centres, and community associations to encourage children to make the decision to join the "break-away generation." Television is the primary medium for the smoke-free message targeted at 12 to 17-year-olds. The program also makes adults aware of how important it is that they set a positive example for their children by not smoking.

In 1978, a major national survey on the smoking habits of children was initiated.[17] Over 100,000 Canadian public school students in grades 3 to 13 were included. The survey found that students start experimenting with cigarettes at an early age. By age 12, one half of Canadian school children have at least tried smoking. By age 14, 15 per cent of the boys and 20 per cent of the girls are daily smokers. By age 17 these figures have increased to 27 per cent of boys and 30 per cent of girls.

It is well known that cigarette smoking is a major cause of disability and death. It remains to be seen whether or not a national media campaign can influence the attitudes and behaviours of young people in relation to this serious threat to health.

Children's Mental Health

Children's mental health deserves much more attention. One federal committee has studied suicides; another has considered preventive programs in general. Much can be done from the moment of birth if a philosophy of family-centred care, bonding, breast feeding and other practices that support nurturing and parenting is available to families. We have not documented the state of children's mental health as affected by divorce rates, poverty, deaths of parents and siblings, and school failure. We do know that we have hundreds of children in institutions for the emotionally disturbed and as wards of the state. For these children, prevention came too late.

Childhood Injuries

More children and youth die from injuries than from any other cause. Others spend long days in hospitals, and many have lifetime disabilities as the result of injuries.

In 1981, in cooperation with The Hospital for Sick Children Foundation, the Institute called together four federal government departments and twelve voluntary agencies to plan for the 1st National Conference on Childhood Accidents and Prevention.[18] The object of the meeting was to create awareness that accidents are a major public health problem and that many can be prevented. The Conference achieved its purpose in bringing together more than 300 persons from every province and the territories concerned about injury prevention. The attendance of engineers, physicians, nurses, urban planners,

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[17]Canada. Health and Welfare Canada, Health Services and Promotion Branch, *Smoking Habits of Canadian School Children — A Summary Report* (Ottawa, 1980).

[18]National Conference on Childhood Accidents and Prevention, 1st, 1981. *Child Safety: What Can We Do Better?* A report of the proceedings (Ottawa: Canadian Institute of Child Health, 1981).

parents, manufacturers, reporters, teachers, social workers, and others indicated that childhood accidents are indeed a serious issue for Canadians.

There was a general determination that the momentum generated by the Conference should not be lost, and there have been some important developments.

Each year in Canada, about 70 children under the age of five are killed and another 4,000 are injured in motor vehicle accidents.[19] Investigations of accidents have shown that infant and child restraint systems, when used properly, can reduce death by 90 per cent and crippling accidents by up to 70 per cent.

Saskatchewan has had child restraint legislation since 1980. Newfoundland, Quebec, and Ontario passed legislation in 1982. Transport Canada has introduced regulations that set safety standards for the manufacture of infant restraint systems for infants from birth to 20 pounds. "Buckle-up Baby" loaner programs are being organized across the country as the public recognizes the importance of securing children safely in the car. Pressure is also being applied to other provinces to adopt and enforce legislation that will protect child passengers from danger.

A study of hot tap water scalds has drawn attention to the fact that over 100 children are admitted to hospital each year for treatment of scalds, which can be extensive and severe.[20] Parents and health care professionals have been unaware of what water temperature is safe and how dangerous excessively hot tap water can be. The public is now becoming better informed and Canadian regulatory bodies have been petitioned to adopt a new lower standard of 54°C for heating tanks.

The Institute has presently established a small national committee to examine burn injuries and suggest strategies for reducing them. A plan is also underway to review drownings and near drownings and develop a course of action. Everyone seems to be aware that educational efforts are not enough and other actions are needed to modify the children's environment and protect them from harm.

In this regard, the Institute has organized a working group to prepare a background document on guidelines for safe outdoor play equiment and play spaces. Members include Parks and Recreation Canada, Canada Mortgage and Housing Corporation, and the Canadian Council of Professional Engineers.

The Canadian Standards Association has agreed to use this document to prepare technical guidelines for equipment manufacturers and installation and maintenance of play equipment and play spaces.

The network of persons interested in child safety grows. The governments of Alberta and Saskatchewan have recently published a report on childhood accidents in their provinces. The federal department of Consumer and Corporate Affairs have begun to collect data on injuries from products in several hospitals across the country. The Government of Saskatchewan has set up an advisory committee to the Minister of Health with representation from consumers, students, physicians, safety groups, native peoples, firemen, police, and public health to review the situation in that province and advise him on action needed to prevent so many needless injuries. A provincial child safety committee has just

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[19]"Child Safety Seats Reduce Motor Vehicle Injury and Death." *Health Education* (Spring, 1982).

[20]R. Stanwick, M. Moffatt, H. Loeser and R. Zuker. "Hot Tap Water Scalds in Canadian Children." *Canadian Medical Association Journal* 125 (December, 1981).

been announced in Newfoundland. There seems to be a growing recognition that childhood injuries due to accidents are not acts of God, but in many instances are within our power to control.

Lead

Reports in scientific journals around the world give repeated indications of the hazards to the health of children posed by environmental lead.

There is agreement that severe neurological damage occurs with high blood lead levels and that there is a possibility of deleterious effects even in the absence of overt clinical evidence of toxicity. Lead emitted in fumes from leaded gasoline is also of concern. On April 18, 1983, an advertisement entitled "Lead Can be Harmful to the Health of Children" ran in 16 major newspapers across Canada. The event is significant because four national children's organizations agreed to a single public statement to alert parents and other members of the public to the hazards of lead in the environment. The ad urged action to support the Federal Minister of the Environment in his efforts to phase down the allowable levels of lead in leaded gasoline.[21]

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All of these activities indicate that Canadians are interested in healthy children. Governments, agencies, and professionals are working together. Prevention is becoming an integral and important part of child health care in Canada.

[21]"Lead Can Be Harmful to the Health of Children." *Globe and Mail* (Toronto, April 18, 1983, paid advertisement).

SCHOOL SOCIAL WORK: STRATEGIES FOR PREVENTION

Gregory Grande and Gregory McClare

Sommaire

L'école remplit une fonction centrale et stratégique dans la société et dans la vie des enfants et de la jeunesse. Dans ce contexte, au Canada, environ 608 travailleurs sociaux dans les écoles exécutent une variété de tâches servant à améliorer les problèmes sociaux et de comportement qui font obstacle au processus d'appentissage. Ce service existe depuis les années quarante et il s'est développé à partir du mouvement pour la santé mentale.

Cet article présente les tâches et fonctions reliées au travail social dans les écoles, tout en mettant l'emphase sur certains programmes de prévention, et suggère un système-cadre pour la distribution des services. De plus, cet article suggère des orientations futures et voit le milieu scolaire comme l'environnement thérapeutique logique qui agit à la fois comme mécanisme de coordination et comme distributeur des multiple services.

SCHOOLS IN CANADA

Social work literature describes the school as a complex social system, highly differentiated from and interdependent with other institutions and agencies in the community; a life setting for teaching, learning and the attainment of competence;[1] a culture carrier; a socialization agency;[2] an organization that influences, develops and molds the life of a student, more profoundly at times than the student's family.[3] The school has a symbiotic relationship with the child who needs the school and vice versa.[4]

The school occupies a strategic and pivotal position in society and in the lives of children and youth. It must relate to the characteristics of its student body, the outside community and the social conditions its pupils face. Kahn emphasizes how the school as a social system and a centre of knowledge can become an access point within the social service network that is a system of information, advice, referral and advocacy that goes far beyond the problem of an individual child.[5] Fink observed that of all institutions, "the school is the most strategic setting for

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[1]Lela B. Costin. *An Analysis of the Tasks in School Social Work as a Basis for Improved Use of Staff.* (Washington, D.C.: U.S. Department of Health, Education and Welfare, Bureau of Research, February 28, 1968) 93-101.

[2]M. Costen. "Delinquency Prevention in the School System." *Journal of School Social Work*, I(Winter, 1974) 32-44.

[3]J. Purdy. "Mental Health Attains Respectability in School." *Journal of School Social Work*. I(Summer, 1974) 32-44.

[4]A. Gitterman. "Group Work in the Public Schools." In W. Schwartz and S. Zalba (Eds.), *The Practice of Group Work*. (New York; Columbia University Press, 1971).

[5]A. J. Kahn. "The Schools: Social Change and Social Welfare." In R. C. Sarri and F. F. Maple, Ed., *The School in the Community*. (Washington, D.C.: National Association of Social Workers, 1972) 49-50.

the effective use of social work for the purpose of prevention and treatment of students' problems."[6]

The Toronto Globe and Mail reported in a recent series:

> Schools may be taken for granted, but they occupy a powerful position in our secular society, arguably taking the place of churches in providing one of the few settings for interaction across class and ethnic lines on issues that affect all families in very basic ways.[7]

In the school year 1980-81, Canada had a population of 24 million with more than five million children registered in public and private schools with nearly half at the secondary level and a small per cent in special education programs. In the decade from 1971 to 1981, enrollment in the public school system declined, while private schools showed a growth rate of 45 percent.[8] Projected estimates for the period from 1981 to 1985 indicate a total decrease in student population of approximately 215,000 students. During the same period an increase of 28,000 students in kindergarten through grade three is projected.[9] This growth suggests that the youngest pupils should receive priority for preventive intervention.

Education falls within the jurisdiction of the provinces; consequently, there is a wide variety of programs tailored to the educational needs, priorities, politics and funding bases of local areas. However, there are features common to the entire Canadian educational scene: a) School attendance is compulsory between the ages of six and 16. b) Entrance to universities occurs after grade 12, with the exception of Ontario, where grade 13 is required. c) There is special education legislation which mandates programs for exceptional students. d) Most provinces require teachers to have a university degree, and all teachers have regulatory bodies that govern standards and quality of teaching. e) All boards of education have elected members who formulate policy. f) Funding for education comes from provincial government and municipal taxpayers; funding in most provinces is "equalized" so that taxes are the same in all jurisdictions, as is the quality of education.

SCHOOL SOCIAL WORKERS IN CANADA

In a recent survey of provincial professional associations of social workers the writers found 608 school social workers in 52 school jurisdictions. In addition, two provincial governments, Quebec and Saskatchewan, directly employ school social workers. In the Province of Quebec, the Ministry of Social Services employs some 300 school social workers who provide services to both French and English speaking school boards as part of a multi-service centre network which delivers a range of services in thirteen regions. Approximately 200 social workers are employed in Ontario, largely by urban school boards. Thirteen school boards in Manitoba employ 55 social workers, most of whom are in the greater Winnipeg area. Two urban boards in Saskatchewan employ 11 school

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[6]A. E. Fink. *The Field of Social Work*. 6th ed., (New York: Holt, Rinehart and Winston, 1974) p. 170.

[7]Judy Steed. "Crisis in the Schools." *The Globe and Mail*, Saturday, January 15, 1983, 10.

[8]Statistics Canada. *Elementary-Secondary School Enrollment, 1980-81:* Catalogue 81-2100 Annual, 9.

[9]Statistics Canada. *Advance Statistics of Education, 1982-83:* Catalogue 81-220, Annual, 17.

social workers, while five are employed by the provincial government to serve rural districts. Alberta has approximately 20 social workers employed in two major urban areas by four school boards. Three urban jurisdictions in Nova Scotia employ approximately nine school social workers. The Province of New Brunswick, as of September, 1982, had two social workers, both employed by the St. John School District.

In a 1978 study, Hugh Curtis found 270 school social workers employed by 42 school divisions, most of them in Ontario, and Manitoba.[10] His research did not include British Columbia, Quebec, Prince Edward Island and Newfoundland because, "it was established that (they) did not employ social workers in schools."[11] However, the 300 school social workers identified in Quebec explains the greater total in our recent survey. Further, there has been an actual increase in the number of school social work programs since 1978.

SCHOOL SOCIAL WORK

School social work in Canada grew out of the mental hygiene movement of the 1940's and 1950's. During this period, psychiatric services began to develop programs for schools under the auspices of municipal public health departments. In some jurisdictions, mental health care was located in child guidance clinics with services contracted by school boards; others established their own programs. Social workers became part of the treatment team, assisting in diagnosis of "nervous" and "difficult" children, as well as implementing interventions recommended by psychiatrists.[12] Based on this model, school social work developed in Winnipeg in 1941, Montreal in 1945, Saskatoon in 1949, and Toronto in 1953.

The development of school social work in Canada, although some 40 years behind the United States, was nonetheless highly influenced by American theory and practice. Curtis reports that in the years from 1928 to 1978, only 13 articles on school social work were published in Canadian journals.[13] By 1970, a shift away from the clinical model and towards the home-school-community model was emerging in both countries. It became clear that if a child who was manifesting a problem in school was to be helped, a range of factors in his life must be considered in the problem-solving process. These factors might relate to the child himself, his family, ethnicity and language, religion, school placement, the school and its educational philosophy, the teachers, the community, or the interaction of the school with its community. This approach went beyond sole reliance on casework to the use of group and community processes, inter-disciplinary teamwork, community liaison, and consultation. It grew out of recognition by social workers that the school itself, as well as the home and community, could contribute to the child's problems.

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[10]Hugh J. Curtis. "School Social Work Roles and Services in Canada." D.S.W. Dissertation, University of Utah, 1978, 124.

[11]Ibid., 120.

[12]Toronto Board of Education. *Report of the Advisory Committee on the School of Social Workers*, June 1974, 19.

[13]H. J. Curtis — *"School Social Work Roles,"* 107.

Vinter and Sarri wrote about this phenomenon in 1965:

1. School social workers must address themselves more fully to the conditions of the school and not limit their efforts to contact with pupils.
2. Social workers in schools occupy a strategic location. They have the opportunity to assist teachers and administrators in identifying those school practices and arrangements that inadvertently curtail learning and adjustment.
3. The social workers in the schools must retain dual perspective; they must find ways of serving specific individuals while simultaneously dealing with the source of pupil difficulties within the school.[14]

This appeal to social workers to consider the impact of the school as one of many social systems in the life of the child is one of the earliest references to a holistic framework for school social work.

Grande's research points out that school social workers' effectiveness can be enhanced if they utilize systems theory to analyze the complex organization of the school and implement preventive strategies.[15] He built a systems model for school social workers on the belief that this framework with its unifying, holistic and organizing characteristics is particularly appropriate for integrating approaches and methods, and for selecting interventive techniques.

Grande's analysis of the literature suggests that a systems model should be based on: a) a generic approach; b) a pluralistic theory base; c) a comprehensive collaboration and coordination network of services with personnel who should attempt to minimize institutional walls and look at the persons, groups and/or communities in need, not as dysfunctioning parts, but as an integrated whole (a system), health-producing, and capable of growth; d) differential use of staff whose competencies and skills should be used on a task-by-task basis and in a multi-disciplinary teamwork; e) an evaluation system, with built-in feedback, featuring ongoing evaluative research to enhance the development of professionals, the relevance of agencies and the growth of communities.[16] Further, the literature review reveals that a cluster of school social worker's roles (consultant, enabler, mediator, change agent, advocate, broker and systems analyst) and treatment techniques (mediation, change agentry, coordination, intra- and inter-agency collaboration) are appropriate to implement the systems models.

The systems approach provides an orderly way of organizing information about the student in interaction with society. It allows the worker to operate from different mental sets which adhere to: a) a no-blame, no-fault approach free of the scapegoat syndrome, and b) an ability to see the client's system (child, school, family, teaching personnel) as an open system, and thus to understand, and utilize all the interacting and interdependent subsystems.[17] The systems framework is useful for setting up social work goals (output), assessing the situation (input), planning intervention (throughput), and evaluating outcome

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[14]R. D. Vinter and R. C. Sarri, "Malperformance in the Public School: A Group Work Approach," *Social Work*, 10 (January, 1965) 12.

[15]G. Grande, "A Practitioner Model for School Social Work: A Systems Approach," D.S.W. Dissertation, University of Southern California, 1978.

[16]Ibid., 282.

[17]Ibid., 284

(feedback). The implementation of such a systems model can provide an opportunity for preventive rather than remedial strategies.

TASKS OF THE SCHOOL SOCIAL WORKER

Historically, the role of the school social worker has been seen as preventive. This view has been more the result of interventions with the youthful target group than the nature of the interventions themselves, since most school social workers still see their tasks as crisis oriented and remedial. In many schools, cases are referred to social workers as a last resort when all else has failed.

> Rose and Marshall, in their study of social work in English schools noted that: The social worker is likely to get the type of case which everybody finds extremely difficult to deal with, and which is heavily rejected; and she is unlikely to be more effective than anyone else. In this situation the worker, if she is to survive, has very much to conform to or to carve out an independent tract without much assistance, a thing few workers can happily do; or to control her role to the school's expectations.[18]

Some departments have dealt with this problem by clarifying referral procedures through annual written contracts between the social worker and the principal. The contract serves as a vehicle for the social worker and the school administration to negotiate agreement on the kinds of services recognized as appropriate in the school setting. At the Toronto Board of Education, the social work contract includes: number of days of service per week, referral procedures, priorities of service, methods of reporting, times for regular meeting with administration; and a clause to appropriate a specific amount of time for preventive programs. The contract, renegotiated every fall, provides an excellent means of communication, common goal setting, and evaluation with administrators.

Although many boards do not utilize and contract, the nature of the functions in the 52 jurisdictions employing social workers are remarkably similar and can be summarized as follows: counseling individual students; counseling or mediating between students, parents and teachers; community outreach and home visits; coordination and referral to community agencies; consultation with teachers and administrators; assessments for special class placements; group processes for students and parents, mutual support groups, and parent education; multicultural services, translation, interpretation and cultural orientation for ethnic groups; community processes, community organization, school-community liaison and consultation; school attendance; financial assistance; and teamwork with other professionals.

Curtis, in his 1978 study identified the following primary tasks: assessment of student problems, school environment and family interactions; consultation with school personnel, teachers and principals; direct intervention with individual families as well as school systems; mediation between school personnel, students and parents to facilitate communication, understanding and collaboration; consultation with other community resources in support of the student/family; and teamwork with school personnel and other professionals.[19]

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[18]G. Rose and T. F. Marshall. *Counseling and School Social Work: An Experimental Study*. (London. John Wiley and Sons, 1974) 208.

[19]Curtis. "School Social Work Roles, 150-154.

In addition to the tasks identified by Curtis, the major new functions revealed in our survey are: group processes, multicultural services, and community processes.

Waters and Bartlett, in a 1970 study of Canadian social workers, also identified the formation of groups for parents for mutual aid, the provision of education programs for parents, and preventive programs in schools as tasks for school social workers.[20]

In Canada, then, the major interventions in the preventive mode are, in this limited survey at least, group and community programs. Social workers are using these programs with parents and students as a means of prevention through education, mutual support and peer pressure. The appropriateness of this method is based on an increasing awareness that there are target groups with common concerns that can best be ameliorated or modified by using the group process as the treatment of choice. The following sections describe some of these programs, the first three of which were carried out in Toronto.

SOME SELECTED PREVENTIVE PROGRAMS

Parent-Child Centre: This project was initiated in 1979 by a school social worker and a second year M.S.W. student. Two junior elementary schools in working class neighborhoods were selected because of the broad ethnic community mix, (West Indian, Italian, Greek, Portuguese, and Anglo-Saxon), with no accessible resources for parents and pre-schoolers. Parents and preschoolers were provided a program in which they were encouraged to interact, play, read stories, and prepare nutritionally sound snacks. Attendance and popularity of the program have increased, with these major outcomes: improved child-parent interaction; increased language development in children; improved home-school relationship; increased parental and community participation in the school; enhanced communication in the family; and increased knowledge of good nutrition for the total family.

Annual evaluations have resulted in the acceptance of benefits and consequent ongoing funding from federal, provincial, and municipal government.

West Indian Project: A school social worker and a social worker from the Children's Aid Society initiated this program. Both worked in schools with groups of West Indian adolescents who had severe problems of adjustment with their families which, for some, required admission into care of Children's Aid Society. The purpose of the program was to work closely in the school with those students, their families, and the network of self-help groups in the community. This project was funded for three years. After the second year the number of West Indian children coming into care decreased. This project examplifies co-operative effort of school personnel, social workers, community agencies, and community groups.

Inner City Project Schools: In 1980, four school social workers at the Toronto Board of Education were assigned to four elementary inner city schools to work 1.25 days per week each in addition to the contracted time allocated to these schools, to provide specific preventive services focussed on programs developed jointly by school personnel, social workers, parents and community groups. The

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[20] R. O. Waters and R. M. Bartlett. "Bachelor's Degree, School Social Workers. *The Social Worker, 38* (July, 1970) 11-15.

planning processes common to the four schools were: identification and assessment of school-community needs; consultation and collaboration with community agencies; establishment of a priority of needs; program development in conjunction with school and community resources; and program evaluation and future planning.

The overall goals of the social workers were congruent with those of the four inner city schools in that they were designed to enhance the academic achievement of students by working to mitigate social, emotional and financial impediments that affect learning. A variety of preventive programs were developed, based on the needs of the school, the community, and the pool of available skills and resources. The programs included: parent-child drop in; group work with students and parents on enhancement of self-image; child management and parenting; discussion with teachers about child development and family functioning; life skills courses for adolescents; and school-community group meetings for discussing curriculum changes. The outcome of these programs was so encouraging that this project was extended until June, 1983. The major reason for its success has been the contracted appropriation of specific blocks of time for prevention.

Systematic Training for Effective Parenting (STEP) and Parent Effectiveness Training (PET): An increasing number of school social workers in Quebec, Ontario, Manitoba and Nova Scotia have utilized the knowledge base, the methodology, and the techniques of STEP and PET in working with parents in group sessions. These approaches, both based on principles of democracy and equality in human relationships, have developed step-by-step training sessions with concrete aids, including charts, posters, tapes and detailed explanations and resolutions of case examples. They provide parents with practical methods of child rearing to prevent breakdown of communication, and thus enhance the psychosocial functioning of the family. The gains made through these group sessions with parents have given ample evidence to the school social workers and teachers that there can also be an improvement of child behavior in the classroom through the use of these modalities.

Early Identification Programs: Many Boards of Education have Early Identification Programs to identify children at risk at an early age through psychological and health testing and to develop strategies to prevent learning and developmental problems. The school social worker as a member of an interdisciplinary team carries out a psychosocial assessment of both child and family so that the team can understand the family dynamics impacting on the learning pattern of the child. It is also the responsibility of the worker to provide ongoing counselling to students and families, consultation to teaching personnel, and, where appropriate, to make referrals to community agencies.

FUTURE TRENDS

The role of the school social worker is complex and multifunctional, ranging from policy formulation to counselling students and their families, consulting with school personnel, helping establish professional development programs to sensitize and acquaint school personnel with the ethnic groups in the community, and helping school personnel to introduce into the school the positive elements of a multicultural community. The school social worker must be equipped with knowledge, skills and techniques to implement programs which deal with pre-

schoolers and parents, parenting groups, group work with ethnic students and their parents, organizing ethnic evenings and being part of school-community councils and committees concerned with such matters as curriculum change, program development and racism. The school social worker must be able to use many approaches and play a variety of roles as advocate, mediator, change agent, trainer, group leader, coordinator and liaison between the school and the community. School social workers should help to develop and formulate social policies for the provision of services and the protection of the rights of community groups.[21]

School social workers should continue to see non-attendance as a symptom of social, psychological or family problems and not only as a statutory violation. Entry into this problem area through the schools provides an opportunity to develop preventive strategies for the child and for the family. Attendance problems which at the surface appear benign are frequently complex with serious underlying implications, and the school social worker may be the first professional to initiate services which would result in the prevention of serious family breakdown by assessing the child and family dynamics, and developing intervention strategies to support the family as a system.

With the forthcoming Young Offenders Act, the sanctions that apply to compulsory education are being eliminated, and the future thrust is being placed in the therapeutic modalities rather than in the traditional punitive ones. This legislation will complement the preventive services that school social workers have provided over the years. In Ontario, for instance, the ministry of Education is proposing a preventive approach for dealing with truancy by minimizing the application of legal consequences or penalties, and by developing interventions that rely on the skills of the attendance counsellor.

In 1980, more than one third of Canada's 24 million people came from other countries representing 56 different languages.[22] Thus, school social workers dealing with such a multicultural society must feel comfortable in using principles and processes of community organization and development to mobilize ethnic groups around school issues and community problems.[23] They help to acquaint the ethnic group with the democratic process of negotiating the system and thus facilitate their integration process. Such a process provides security and confidence to negotiate with other interest groups. School social workers can help ethnic groups to negotiate with each other, using appropriate stragegies.

The school social worker needs to realize that each client is unique and must not be stereotyped. The worker should be aware of his own beliefs and cultural biases. Lack of such self-awareness can make it impossible to bridge the cultural barriers between self and client. The school social worker must also be a cultural interpreter of the mainstream society to the immigrant family.[24] In order to

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[21]G. Grande. "School Social Work in a Multicultural Society:" *Ontario Association of Professional Social Workers News Magazine*, 8 (Fall, 1981) 9.

[22]L. Heller and J. Serge. "The New Metro-Home of 56 Languages." *The Toronto Star*. Saturday, February 2, 1980, A10.

[23]J. Cheetham. *Social Work with Immigrants*. (London, Routledge and Kegan, Paul, 1972) p. 185-186.

[24]G. Grande. "Work in A Multicultural Society," 9.

achieve this and to prevent cultural conflicts, school social work departments should employ ethnic workers with the background and language of the culture to be served.

As the school is a reflection of the community, the resolution of school problems must be related to the type of students, the type and quality of teaching personnel, support services and community resources. Racial problems existing in the community frequently emerge in the school. One mechanism to resolve racial problems is to mobilize all appropriate resources within the school system and the community and to bring them together to work out satisfactory solutions. To do this effectively, one has to assume that racial problems are both school and community problems, and no-blame, no-fault attitudes avoid the classic scapegoat triangle.[25]

The school and its personnel, just as much as students, families and local communities, have to share equal responsibility for problems and their resolution. To deal with this, the Toronto Board of Education has established a team made up of a school principal, a teacher, a parent representative, a student representative, appropriate community agencies, members of ethnic and minority groups, and a school social worker. The functions of this team are to resolve problems and at the same time to sensitize teaching personnel to prevent their recurrence. Thus the team combines training and responsibility for professional development with preventive functions. The role of this team include acting as mediator, consultant and ombudsman.[26] Hancock recently stated:

> The future of school social work as a professional entity may depend on the extent to which school social workers increase their visibility, extend accountability, clarify their role in the school, and develop and demonstrate their special competencies and skills.[27]

To achieve this goal it is important that professional education include appropriate emphasis on the application of systems theory to school social work. It is proposed that committees consisting of leaders in school social work in local communities, and professors from schools of social work and schools of education be set up to plan the curriculum for a specialized program to train school social workers. Such training should include study of organizational change, systems analysis, community organization processes, the politics and economics of education, educational law and the processes of group work. Courses should be complemented with field placements in schools and research projects that relate to the interfacing of education and social work.[28]

In view of budgetary cutbacks and declining enrollments, it becomes imperative to maximize resources through a coalition of community and school based mental health practitioners in order to serve the total community. Such coalitions have been proposed since the 19th century, but most North American communities have yet to achieve this goal.

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[25]Ibid., 10.

[26]*Report on Recommendation 40 of Final Report of Sub-Committee on Race Relations.* Submitted by: Student Services (Social Work Division) Toronto Board of Education, February 6, 1980, to M. Lennox, Superintendent of Professional Services (unpublished).

[27]B. L. Hancock. "School Social Work." (Englewood Cliffs, Prentice-Hall, Inc., 1982) 251-252.

[28]G. Grande. "A Practitioner Model for School Social Work: A Systems Approach," 285-286.

LaPierre supports the concept of the school as a therapeutic environment for the total family and recommends that family centres be established in schools:

> The purpose of the centre will be three fold: Firstly, it will meet all the needs of the young children by offering all possible services for his care and education from conception to eight years. Secondly, it will make available after school programs for children older than eight. Thirdly, it will function as a community service for parents and for all those who care for children.[29]

In this context, the school is seen as a coordinating organization that provides a range of services for the local community. The compelling argument of LaPierre's proposal is its recognition of the strategic geographical location of the school, its visibility, its accessibility to families, and the centre's potential for prevention of social and emotional problems in children. Although his proposal is a long way from actualization, it is a concept that most school social workers in Canada could support.

CONCLUSION

This paper has presented the school as a complex, therapeutic, multi-service provider, accessible to the total community. It has given an overview of school social work in Canada, emphasizing its potential for preventive intervention strategies. It suggests an appropriate theoretical framework and possible future trends.

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[29]L. L. LaPierre. *To Herald a Child.* (Toronto, Ontario Public School Men's Teachers' Federation, 1982) 72.

ISSUES IN MULTICULTURAL CHILD WELFARE: WORKING WITH FAMILIES ORIGINATING IN TRADITIONAL SOCIETIES*

Dorothy Chave Herberg

Sommaire

Les agences de protection de l'enfance au Canada n'ont pas encore développé une façon efficace d'aider notre société multiculturelle. Il n'y a donc aucune donnée nationale sur l'aide apportée aux enfants et ce, selon l'ethnie, la race ou la religion. Cette étude est donc une ébauche conceptuelle pour l'avenir, fondée en partie sur les structures sociales, religieuses, etc. Il est très évident que les travailleurs et les clients ont des apports ethno-culturels influençant leurs comportements et leurs attentes respectifs. Ceci implique que lorsqu'on parle de "modèles culturels" cela inclut chaque personne au Canada et comme il y a tant de cultures ethniques parmi lesquelles la culture anglo celtique, cette étude doit être placée au niveau métathéorique.

Un concept développé par Edward T. Hall et nommé "contexting" (réseau de relations spécifiques) est élargi dans mon étude pour englober la société multiculturelle canadienne et est rattaché aux emplois de travail social et de la protection de l'enfance.

De manière à établir des contextes plus précis pour les travailleurs professionnels, neuf dimensions sont décrites qui ont trait au contenu des contextes culturels. Ces dimensions sont postulées comme continua et permettent alors aux travailleurs et aux clients d'avoir une situation de contextes pour chaque continuum. Les neuf continua dénouent conceptuellement la nature interculturelle de l'action réciproque du service afin de faciliter une planification professionnelle consciente.

CANADIAN MULTICULTURAL SOCIAL WORK

The Canadian population, with the exception of our Native People, is comprised of immigrants. Even the British and French, the "charter groups" in the founding of Canada, are descended from or are themselves immigrants. It is helpful to have an image of Canada as composed of a flow of people entering the country and gradually becoming absorbed in the mainstream, the reality of a Canada constantly being transformed. Distinctions about the presumed level of acculturation and adaptation to Canada, mother-tongue or country of origin can then be made universalistically over all groups without making invidious distinctions between those who are English or French versus those who are not, and without making dichotomies between those who have immigrated to Canada

*I would like to acknowledge the contribution to this paper of my experience on the Board of Directors and Multicultural Task Force of the Metro Toronto Children's Aid Society (MTCAS). Some of the observations and recommendations from the Report, *Task Force on Multicultural Programmes*, are cited. The conclusions drawn in this paper, however, are my own.

and those who were born here. From a service point of view this relativistic image conforms to our professional desire to provide service even handedly and without investing particular people with special stigma.[1]

This paper puts forward for practitioners a model that has a process base and can apply to anyone in Canada, regardless of ethnic origin (including ethnicity, race and/or religion), or number of generations in Canada. The process base is important because when immigrants arrive in Canada, they start adapting to Canadian social life and modifying their behaviour. Nevertheless, deeply rooted values persist, especially in what parents feel is moral behaviour for their children and what will bring them security and prosperity. If child welfare practitioners are to work effectively with people from backgrounds very different from their own, they need to be able to understand the value systems underlying behaviour.

There is another important issue: the nature of "culture" and the nature of our understanding of cultures. It is becoming apparent that a consciousness vastly different from "objectivity" is needed to deal with multiple realities of cultural thought, knowledge, and behaviour. We have known about the nature of "perception" for a long time and are used to the saying, "what is observed is a product of the observer and the observed." We know that even in physical science perceptions/observations are selectively screened by our minds and that the screens are the cultural system in our environment.[2] However, we have seldom operationalized this understanding by including the culture of the observer in discussions of the observed. In multicultural work, however, it is essential that this part of the process of building "knowledge" or of "understanding" others, be integrated into practice.

A burgeoning field of study developing about this subject cannot be ignored by social workers. For example, Michael Talbot, in considering physics, emphasized:

> There is no strict division between subjective and objective reality; consciousness and the physical universe are connected by some fundamental physical mechanism. This relationship between mind and reality is not subjective or objective, but "omnijective."[3]

Talbot also quoted Heisenberg's words, "The conception of objective reality ... evaporated into the ... mathematics that represents no longer the behaviour of elementary particles, but rather our knowledge of this behaviour."[4]

For brevity's sake, it is enough to say here that we must begin to use concepts that permit the social worker's "ethnic" culture to be acknowledged as part of what is perceived. It is not that any ethnic group has some absolute quality of differentness that exists in any objective reality, but rather, the differentness lies in one's perception of something being different from self, the observer. A member of any ethnic group feels perfectly normal and ordinary, but the observer/worker can create problems for that "ethnic" client because of perceptions/reactions to the ethnic client. One can reduce the tendency to create

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[1]Dorothy Chave Herberg, "Services to Immigrant Populations," in *Province of Ontario ... Its Social Services*, (Toronto: Ontario Social Development Council, in press 1983).

[2]Mildred Sikkema, and Agnes M. Niyekawa-Howard, *Cross-cultural Learning and Self-Growth*, (New York: International Association of Schools of Social Work, 1977).

[3]Michael Talbot, *Mysticism and he New Physics*, (New York, Bantam Books, 1981), 2.

[4]Talbot, *Mysticism and the New Physics*, 3.

problems for clients by being aware of the reciprocal/perceptual process in which both client and worker are involved by utilizing conceptual tools that will help tune in, identify, and differentiate the cultural influence permeating the social work helping situation.

DIMENSIONS IN CONTEXTING

Since our overall objective in Canada, and apparently in America as well, is to become a "multicultural" country, as opposed to one that is based in "majority/minority" views or "immigrant sub-populations," "multicultural" theory must capture the unitary quality of the "multicultural" concepts. One of the main traits of multicultural theory, therefore, is that all ethno-cultural groups can be discussed employing the same categories and dimensions. The concept that is suggested here for this universalistic framework is that of "contexting," which highlights cultural differences between people from traditional societies and Canada.

The first aspect of contexting is to recognize value differences as they emerge in the practice situation, and not label people by their "ethnicity." If value differences have to be taught from the perspective of each ethnicity, we could end up with a "Noah's Ark approach,"[5] which would be impossible because of the large number of ethnicities in Canada (80 or more), and might encourage stereotyping.

Contexting

Contexting is a concept put forward originally by Edward T. Hall.[6] It can most easily be understood as describing a continuum between "high context" situations and "low context" situations.

> A high context (HC) communication or message is one in which most of the information is either in the physical context or internalized in the person, while very little is in the coded, explicit transmitted part of the message. A low context (LC) communication is just the opposite, i.e. the mass of the information is vested in the explicit code. Twins who have grown up together can and do communicate more economically (HC) than lawyers in a courtroom during a trial (LC), a mathematician programming a computer, two politicians drafting legislation, two administrators writing a regulation, or a child trying to explain to his mother why he got into a fight.[7]

This description of "contexting" shows that the term can be applied in a wide variety of real life situations such as a courtroom, an administrator's office, or a home. In the following examples, the concept is used to illuminate a variety of situations.

Hall describes Chinese calligraphy as high context because one must understand multiple contextual issues, such as the significance of particular

[5]Dorothy Chave Herberg, "Staff Development in Social Agencies: Meeting the Unmet Needs of Ethnic Populations," *Multiculturalism* 3 (1979) 12.

[6]See, for example, Edward T. Hall, *Hidden Dimensions*, (Garden City, N.Y.: Anchor Books, 1969); Edward T. Hall, *Beyond Culture*, (Garden City, N.Y.: Anchor Books, 1976); and Edward T. Hall, "How Cultures Collide," *Psychology Today*, July, 1976, 66-74, 97.

[7]Hall, *Beyond Culture*, 91.

kinds of Chinese chracters called "radicals," aspects of Chinese history plus the effect of change of voice tone on meaning, before one can use a Chinese dictionary.[8] In comparison, in the western languages, the reader does not need to know how to pronounce the language in order to read it. In another example of contexting, Hall calls all "good art," high context and "bad art" low context. Good art persists because it does not release its message all at once.[9]

Of great importance to social work practice is Hall's use of "contexting" to analyze differences between social systems. North American *vs.* Japanese systems exemplify low context *vs.* high context systems. In the former case, everything is specified in language, written or verbal, while in the latter the meanings in a transaction are largely unspoken, but are well understood by participants.[10] In a general way, European and Middle Eastern regions can be characterized as getting more high context as one goes in a southerly direction. Scandinavian countries, England, France and Germany in the north, are relatively how context compared to Greece, Italy and Portugal and the Middle Eastern nations in the south.[11]

Edward Hall's work on "contexting" has seminal qualities; this brief description of some of his ideas barely captures the wide sweep of his thinking. However, adapting his concept to Canadian multicultural work requires filling out what the high context and low context situations are for North American social work, so as to bring the concept to bear on cultural differences within a country.

"High Contexting" is based on the network of kin that surrounds any one individual in a traditional society. In this sense, the concept has much in common with earlier concepts such as Toennies' "Gemeinschaft"[12] or Redfield's "folk societies."[13] It also brings to mind much of what anthropologists have portrayed as kinship structure. However, what "contexting" brings that is of special use to helping practitioners is the focus on the sense of process, because the concept defines a continuum and suggests ways of looking at the "invisible" environment or frame of reference of the individual client or family that is the usual unit of study for practitioners. In addition, contexting provides a plan for practitioners to work from, literally or figuratively. Each practitioner literally needs a way of thinking about himself when he is in a client's home on a child welfare mission, for instance, or figuratively needs a personal frame of reference when assessing a client who is culturally/racially different.

The network of kin and acquaintances surrounding a high context person can be imagined as a web of reciprocal rights and obligations appropriate to that person. Age, social status and gender determine a great deal of what a person holds as rights and responsibilities. These rights and responsibilities do not need

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[8]Hall, *Beyond Culture*, 91.

[9]Hall, *Beyond Culture*, 92.

[10]Hall, "How Cultures Collide," 69.

[11]Hall, "How Cultures Collide," 72.

[12]Ferdinand Toennies, *Community and Society* (East Lansing, Mich.: Michigan State University Press, 1957.)

[13]Robert Redfield, "The Folk Society," *American Journal of Sociology* 52 (Jan. 1947).

to be specified in transactions; the person learns them from birth, and they are implicit in the structure and behavioural pattern of that family and that community. A low context person who cannot "see" this implicit web of understanding can cause problems in interaction by demanding that they be spelled out explicitly. This can be received by clients as being either insulting or causing confusion.[14]

In the interest of making the "high context" more explicit, I now focus on some of the dimensions of high context cultures, as anthropologists have many times documented them. Each dimension is considered a continuum between a "high" and "low" context aspect. A high context individual or family who is adapting to Canadian social life may move more or less rapidly along different dimensions. Generally speaking, Canada is a "low context" society, although it is probably more "high context" than the United States. There are also pockets of high context people within Canadian society. Rural people may be higher context than city people. Working class people may be higher context than middle class ones. Even within large organizations, which are generally low context, there may be, in what has been called the "informal organization," pockets of higher context behaviour.

Contexting Continua

What follows are dimensions underlying the concept of "contexting." Child welfare issues will be used to illustrate cultural differences that can occur in practice situations. Though there is an implicit assumption that the client will always be the one in the high context end of the continuum, it is possible for a worker to be relatively high context on some dimensions. However, professional training usually inculcates a low context orientation. In addition, the child welfare system appears to be moving continually to more low context policies and practices as the need to spell out every meaning and interpretation of child welfare legislation emerges.

1. *Family Orientation/Values*

"High" Context "Low" Context

A. Family orientation ..... Individual orientation

The most distinctive trend in North American societies has been the growing emphasis on the worth and self-fulfillment of each individual. Until recently, and still in most Asian and African countries, the extended family, clan or kin network, has been the most important unit for decision-making and the source of values and directions for its individual members. If there is an economic crisis in one part of the kin network, the resources of the whole family are shared. If there is illness, the whole family can be involved in restoring the person to health. If children are parentless, the extended family finds a place for them. Above all, the honour and cohesiveness of the family/clan have highest priority. The greatest pleasure for individuals comes from their involvement with each other. Giving one's word on a transaction is the highest possible security because the family is one's security. Business dealings or problems are kept within the kin network to prevent any stigma or stain being attached to the family name. The individualistic orientation familiar to most practitioners stands in sharp contrast to the family/clan orientation of high context cultures. In North America, the

[14]Hall, "How Cultures Collide," 69.

basic unit of treatment planning is the individual, even if the whole family is involved. The health and growth potential of each person is the predominant value.

When we consider mandated child welfare intervention with a high context family, it can be seen that nearly everything becomes damaging to the family. Not only is the family no longer the source of help to its members, but outsiders are privy to family business; all the potentials for a stigmatizing situation are present. Being required to reveal information to outsiders is bad enough, but having it interpreted in ways outside the contextual culture understandings for its members is both frightening and confusing. Among members of many ethnic groups, especially those of West Indian background, there are special fears about personal disclosure, the reasons for which stretch back to slavery and African beliefs. One of the earliest values taught West Indian children is that one's business is one's own, and under no conditions are family actions shared with neighbours or anyone else, since special vulnerability is felt that in some cases is rooted in obeah, or witchcraft. This is perhaps an extreme example of the variety of high context cultural perspectives that social workers must acquire.

2. *Wholistic, Religious, and Historical Values*

B. wholistic ..... segmental
C. religious ..... secular
D. oral history ..... written history

Closely related to the family orientation of high context groups are these three dimensions. Most societies in their ancient, traditional form were wholistic religious, and relied on oral history traditions to pas on the values of the group. In the most ancient form of society, which still resides within such groups as Native Canadians, Chinese, Greek, and East Indian among many others in Canada, each saw itself as the centre of the cosmos and intimately related to all parts of the universe, as it was perceived: Sun, Moon, Rain, Winds. Everything the group members did was of concern to the larger whole. And any remedy for a social or physical illness required recourse to supranatural forces which ruled the whole. Treatment therefore was ceremonial and ritualistic, because those were the main ways of relating to the supranatural. Herbal remedies and other "folk" healing were all connected to supranatural forces and would not be considered apart from the whole. Chanting, dancing, and telling of legends and myths, and dream analysis were all part of being connected to the larger cultural values and comprised a very important means of expressing well-being and discerning directions for problem-solving.

In his poignant story *Dreamspeaker*, Cam Hubert[15] depicts a disturbed Anglo-Celtic child who is placed in a succession of foster homes and finally in a residential treatment centre. His chaotic life had given him few positive values of his own. During the course of the story, following his escape from the centre, he is befriended by two Indians, one of them a man of special powers, the "dreamspeaker" of the title. With their love and support, as well as the acquisition of new values from Indian medicine, legends, lore and a precious amulet given him by the Dreamspeaker, the child starts to fight his terrifying hallucinations. He appeas to be on the road to health, but insensitivity by the institution and child welfare bureaucracy results in tragedy. The story has no

[15]Cam Hubert, *Dreamspeaker* (New York: Avon Books, 1978).

villains, but a low context situation leads to death. This is a dramatic account of culture clash, but it points to a little understood area: the potential clash of high context and low context values in a child's life which, if understood and utilized, can be turned to beneficial convergence.

Related to the wholistic and religious dimensions is the matter of *oral traditions*. Pre-literate societies developed patterns to pass on values and customary behaviour that relied on "talking about" these important matters. Ceremonial events could well involve the telling of legends and stories that carried messages about what was valued. High status people who told stories often developed their storytelling skills in charismatic and powerful ways. Throughout, the presentation of self in heroic ways could reflect favourably on that person's kin network.

Given this aspect of high context groups it is well to realize that children from high context situations may feel ambivalence about learning to read or write. In my work on ethnic root behaviour patterns,[16] I found one adult student at the Master's level who had extreme difficulty in reading. His own exploration revealed that his immigrant-generation Portuguese father had given subtle messages throughout childhood about the questionable worth of reading versus the father's love of telling tales or orally presenting himself and the family in a heroic way. Other students have spoken of the negation of reading in their early life as opposed to the enhancement given to being an active, social person.

Ethnic structure and culture in Canada, however, are beginning to complement the acquisition of formal education, where the educational process supports or at least does not threaten ethnic culture.[17]

3. *Hierarchical Values and Unquestioned Beliefs:*

The next cluster of domensions are especially important in child welfare.

E. hierarchy ..... equality
F. unquestioned beliefs ..... beliefs questioned
G. gender-segregation/inequality ..... gender-integration/equality
H. interdependence ..... independence

High context societies are *hierarchical*, and the values of the family community are *unquestioningly* observed. North American families are becoming more egalitarian in gender and age power differentials; all values are open to question. In speaking of hierarchy, it is clear that this topic refers to authority and power. Those who have higher authority and power literally have the right to the use of physical force over those lower in the hierarchy. In many societies, the most power is wielded by parents over children and, in addition, the man has power over his wife and children. There is, of course, a wide variety of ways this power distribution is actually operationalized by families vis-à-vis the high value adults place on children and the sacredness of family life. Child welfare personnel, it must be emphasized, tend to see a skewed aggregate of such families: those where the authoritarian power aspect predominates and physical force has been used to such an extent that mandated intervention occurs. Child abuse and wife-battering are the labels given to these outcomes.

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[16] Dorothy Chave Herberg, "Discovering Ethnic Root Behaviours" *International Journal of Intercultural Relations* 6 (1982) 153-168.

[17] Edward N. Herber, "Ethnic Family Characteristics and Educational Attainment" *Multiculturalism*, 5 (1982, no. 3), 20.

The twin issues of power by men over women and adults over children that are so characteristic of high context societies have not been entirely different from similar North American patterns of discrimination brought about by early industrialism. Industrialism at first engendered devaluation of "women's work" in the home because it was unpaid in an increasingly monied economy/culture, and protected children by withdrawing them from economic participation through raising the age of leaving school to 16. Thus women became socially and culturally dependent upon men and children dependent upon their parents. The tendency toward conflict emerging in Canada and the United States today is between egalitarian standards for both women and children and the gender/age discrimination/dependencies of the more high context norms that some families, especially "ethnic" families, still follow.

Closely related to hierarchy is *gender-segregation/inequality*. In traditional societies, there is usually a "man's world" and a "woman's world," and this division into gender-segregation spheres is seen to have existed always and to be immutably ordained. The functions in such societies are divided between men and women, boys and girls. The values inherent in this division of work are usually supported by religious values and a particular view of a wholistic world. For example, in traditional Chinese families a woman's role as wife and mother is the proper one; to the woman herself it may be completely unthinkable to be other than a wife, even if the man divorces her. In Canada today, gender-segregation is still the expectation of many men and women. For example, after the extended family has partaken of a meal together, gender-segregation in families can be measured by the extent to which women go off to clean up the dishes, and the men congregate in the living room to talk or watch sports on T.V.

From this and the multitude of other gender-segregated patterns in high context families, female children learn dependence and maintenance roles, instead of the independent roles more common in low context families. Of particular importance in high context families, gender-segregation values lead to girls being socialized to the future role of being the cultural maintainers for their (future) children.

Another important joint aspect of hierarchy and gender-segregation is the status of women in a particular cultural group. In ancient times women often enjoyed strong sources of power, supranaturally attributed or economically based. However, in many of the high context societies from which immigrants to Canada have come recently the status of women has been adversely affected by modernization.[18]

Often what is seen as problematic in child welfare is the family concern with the female adolescent and the zealous maintenance of chastity, modesty, and female decorum. Heavy emphasis is placed on preventing girls from appearing to behave independently. Chaperonage, early curfew hours, and even refusal to allow her presence at school parties or field trips are common parental rules.[19] This is because, in high context families, the family honour is at stake; any deviation

[18]Guy Belloncle, "Problems Raised by the Promotion of Rural Women in West Africa," Some lessons of the Nigerian Experience of "Animation Feminine," A case study prepared for the World Bank, approx. 1980, mimeo.

[19]Susanne Ziegler, "A Multicultural Perspective on Inter-Generational Conflicts in Immigrant Families," *Multiculturalism*, 5 (1982, no. 3) 12-13.

from submitting to family authority is viewed as a challenge to honour and may be met by physical punishment of the daughter. This is justified by all the dimensions discussed so far: family honour, proper female behaviour, the role of the daughter (low power), the role of the father and mother (high power), religious precepts about her behaviour, and a particular view about proper behaviour.

Additionally related to these clusters of dimensions are some isolated women, new to Canada, who do not leave their apartments for months at a time. These women, many of whom are of Indo-Pakistani or Asian ethnicity and without language fluency in English/French, are used to living in the midst of extended kin networks and being accompanied by other women with whom they share their work. They are unused to interacting with men, especially males from outside the family. Some husbands insist on their wives remaining home for gender-segregation reasons. Because of male authority in such high context cultures, husbands believe they have the right to make these demands.

Difficulties can arise if neither parent understands the expectations of the school system concerning the child.[20] Sometimes a child is required to stay home from school to help with home duties and look after younger children, as is the pattern in a traditional setting.

Finally, the *interdependence* within the high context family should be mentioned. What may seem like over-protectiveness of children by mothers may be the working out of interdependence values.[21] On the one hand, a pre-school age child may be given lessons in independence at nursery school, for example, how to take off snow suit and boots, or to do some activity. The mother, on the other hand, may rush to do these tasks for the child. Nursery school teachers and mothers may clash because of different expectations about the child. The mother is expressing her high context expectations about herself as a good mother, physically caring for the child at every opportunity. These behaviours may be viewed negatively by the teacher who sees problems ahead for children who do not learn to function independently.

Interdependence values may require frequent and visible evidence of caring for each other, as culturally prescribed. The other may be a sick or elderly family member. Pre-teen youths may feel the need to obtain parental permission for some school activity, even though the school requires an immediate response. Some families, uprooted by immigration from the kin network in the country of origin, accumulate huge phone bills from this need to communicate with extended kin. The bills should not be viewed as simple extravagance or poor money management, but as evidence of overwhelming need to express interdependence with those left behind.

4. *Polychronic and Monochronic Time:*

I. polychronic ..... monochronic

Edward Hall has described these differences in considerable detail.[22] Monochronic time is that orientation used by most child welfare personnel: time

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[20]Agnes M. Calliste, "Educational and Occupational Expectations of High School Students," *Multiculturalism*, 5 (1982, no. 3) 17.

[21]Susanne [illegible]egler, "A Multicultural Perspective," 12.

[22]Edward T. hall, *Hidden Dimensions*, 173-174; *Beyond Cultures*, 17-24; and "How Cultures Collide," 72-73.

is compartmentalized, appointments are scheduled in time slots, and workers become disoriented if they have to do too many things at once. Polychronic people tend to keep several things going at once because each task is so involved with others. Polychronic time sense also is uncompartmentalized and relative, in that all needed tasks cannot be accomplished piecemeal, in one-hour periods over several weeks or months, but may be deemed to require persistent continuous attention over days or even weeks.

High interdependence values are compatible with polychronic time values. Tentative schedules are only roughly observed and punctuality is not a principal value. For people with such orientations, the slotted time way of a child welfare worker or the school becomes another source of irritation and confusion. In contrast, the child welfare worker often finds polychronic time values frustrating, inconsiderate, and inefficient.

CONTEXTING AND THE CHILD WELFARE WORKER

Child welfare agencies in Canada serve a variety of clients, some who have high context values and others who have low context values. Indeed, among the workers themselves, there will be a range of different values. In what is admittedly an over-simple depiction, a two by two table can highlight the major differences present.

FIGURE 1
PARADIGM OF MULTICULTURAL CHILD WELFARE

		CHILD WELFARE WORKER VALUES	
		High Context	Low Context
CLIENT VALUES	High Context	"Ethnic" worker and client (1)	"Cross cultural" Individual orientation of practice (2)
	Low Context	Cross cultural: Family orientation of practice (3)	Mainstream Canadian Child Welfare (4)

Cell 1 High Context Worker/High Context Client

In this cell of the paradigm, the worker and client share some high context values. Usually, they will have similar ethnic origins, but this may not always be the case. The term "ethnic worker" is one of the designations ascribed to someone hired because of specialized language and cultural knowledge. Frequently, such workers do not have an M.S.W., although this situation is changing and a recommendation from the MTCAS Task Force Report suggests aiding such

personnel to get graduate training.[23] These workers may have special work-related problems: caseloads given by the agency are usually heavy, demands on the workers by compatriot clients are high, and the agency, which may not understand client cultures, is unable to supervise these workers adequately.

The workers as a result frequently feel isolated from agency collegues and "dumped on."[24] One recommendation suggests limiting the number of clients of the same cultural/racial background that a worker can carry.[25]

Cell 1 also characterizes the situation of "ethnic" agencies (operated by/for clients of a particular ethno-racial-religious group), often, but not always paralleling the "secular" private or provincial child welfare agencies. A prime example of ethnic child welfare agencies in both Canada and the United States of America is the child welfare service staffed and often operated by a band/tribe of Native People.

Cell 2 Low Context Worker/High Context Client

When low context workers serve high context clients, the difference in values is noticeable and the situation is characterized as "cross-cultural work," because the agency is usually low context in its structure and procedures. The workers are more low context on the contexting dimensions than their clients. For example, the workers' orientations may be more individualistic than their clients, who may be more family oriented. The workers can aim to understand the client's frames of reference when there is an awareness that the differences present in perceptions about the problem and solution are "cultural," as opposed to being "personal problems" of the clients.[26] In research for this Children's Aid Society Report, these situations led to the recommendation of seeing differences as originating in cultures, not as personal dysfunction.

The workers have to find ways of intellectually entering and understanding high context milieus. They may be considered as outsiders who are interfering with the family and its goals, and embarrassing its reputation.[27] This means that workers must find a helping role acceptable to the family. (One Latin American worker suggests to some clients that they think of her as "auntie" because that is the person to whom they would have gone for help in their home country). With great patience, workers can build trust by finding the right blend of formality and familiarity to put the family at ease, ready to work on "problems."

When workers take a counselling stance, it is well to focus on certain aspects that are assumed as givens underlying many counselling techniques. Primarily, these are: the client takes the lead in opening up areas for discussion; the social worker is an enabler; the social worker chooses the mode of therapy to be used;

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[23]Metro Toronto Children's Aid Society, *Report of the Task Force on Multicultural Programmes*, Toronto, 33.

[24]Metro Toronto Children's Aid Society, *Op. cit.* 10-15.

[25]Metro Toronto Children's Aid Society, *Op. cit.* 26.

[26]Metro Toronto Children's Aid Society, *Op. cit.* 11.

[27]Jimm G. Good Tracks, "Native American Non-Interference" in Francis J. Turner, *Differential Diagnosis and Treatment in Social Work*, 2nd Edition, (New York: The Free Press, 1976).

and feelings and personal behaviour are the things to be discussed.[28] These assumptions, however, are not compatible with many of the high context dimensions that child welfare workers face in their ethnically diverse clientele. The self-awareness needed to make progress can develop, with time, and will demonstrate the worker's respect for the family's values. Conscious effort must be expanded, and agency executives and staff must legitimate both these efforts and the right of clients to have high context values.[29]

As workers gain understanding of the cultural background of their clients, generalizations learned from experts or the literature may be difficult to use because the actual practice of the values varies so much from theory, one family varies greatly from another family, and each family acculturates to Canada at its own rate. For example, a worker may attempt to learn about the precepts of a religion that is unfamiliar. The practice of religion may diverge from the theory of religion, and one cannot fortell how a particular client will use a religious precept. In one case, a child whose mother would not allow him to draw a human figure when asked to do so in a classroom lesson came to the attention of a child welfare worker. The Islamic precept of "no graven images" was taken to an extreme by a mother newly converted to Islam. The worker checked with experts at a local 'mosque and learned tht this rule could be waived for educational purposes. Even so, the mother found it hard to give up her way of expressing her new beliefs.

Cell 3 High Context Worker/Low Context Client

The conjunction of high context workers and low context clients has been a relatively rare occurrence, but with the MTCAS recommendation to increase the cultural heterogeneity of both the high context workers' and low context workers' caseloads,[30] this is changing. Although this is also "cross-cultural" work, it is not usually conceptualized this way in the agencies. Many high context workers in agencies today are examples of upward mobility from working class or rural backgrounds who retain the original strong hierarchical values. Thus they may be more directive and judgmental of low context clients than are low context workers who have consciously, planfully moved to a more egalitarian and culturally relative position, either personally or because of professional training. Other high context workers may also be directive and judgmental with clients because of felt authority as an "official" and because they believe it is expected of them by client.

If the worker is high context and non-white, there may be cultural and racial countertransference issues.[31] In Canada, these countertransferences may be

[28]Maryse Rinfret-Raynor and Thomas E. Raynor, "Cross-Cultural Counselling in Perspective with Recommended Areas for Training," *Canadian Journal of Community Mental Health* to be published in 1983.

[29]Soonja Kim-Raynor and Tazuko Shibusawa, "Social Work Practice with Asian American Families," *Social Work Papers*, 16, (Spring 1981), 33.

[30]Metro Toronto Children's Aid Society, *Op. cit.* 26.

[31]May Tung, "On Being Seen as a Chinese Therapist by a Caucasian Child," *American Journal of Orthopsychiatry*, (1981), 654.

between two non-white groups: for example, Chinese worker/Black client or Black worker/Native client.

Agencies have considerable work ahead of them as competencies are developed to enhance this kind of "cross-cultural" practice. In one quotation, the high context workers believed they often had to train their own supervisors,[32] or were "overused as consultants by fellow workers."[33] As agency staffs develop norms that encourage cross-cultural dialogue and discussion, all personnel will develop more cross-cultural knowledge and skills.[34] The burden of cross-cultural work will fall more equally across all staff. As we look back on that isolated, non-English speaking, high context woman, there is more hope that her ignorance of many aspects of Canadian society, and formal child welfare in particular, will be viewed sympathetically as a cultural gap between herself and the worker rather than as a personal failing.

Cell 4 Low Context Worker/Low Context Client

The condition of low context workers serving low context clients is what most would consider "mainstream" Canadian child welfare. However, if contexting dimensions are applied, considerable variation would be found even in these cases, both in the extent of how "low context" different families/individuals actually are, and on *which* contexting dimensions there is variation. For example, as pointed out earlier, there may be great variation on the hierarchy/equality dimension. Also, some families combine hierarchy with strong religious values and others do not. Thus, in actuality, this cell may be a false characterization, because it glosses over differences in contexting dimensions that should be consciously considered in child welfare service.

* * * *

This paper has presented a model using dimensions of contexting as continua. It is possible for both worker and client to find places for themselves on each continuum. Neither end is seen as "right" or "better." In fact, it may be that some balance between the extremes is ideal for contemporary conditions.

Finally, to return to an idea introduced early in the paper, if the paper is viewed "omnijectively," then as much may be learned about the writer as about the subject of the study: people from traditional societies.

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[32]Metro Toronto Children's Aid Society, *Op. cit.* 24.

[33]*Loc. cit.*

[34]Metro Toronto Children's Aid Society, *Op. cit.* 10-15.

RESIDENTIAL GROUP-CARE AND TREATMENT PROGRAMS

Geoffrey L. Pawson

Sommaire

Le document sur les programmes de traitement et de soin de groupe residentiel au Canada est divisé en trois sections. La première traite du développement historique des institutions de traitement pour enfants. Commencent avec le système de Loi Pauvre, les développements majeurs des services de traitement résidentiel au Canada sont soulignés. Beaucoup de ces développements reflète les différences entre les deux nations fondeuses de l'Engleterre et de la France relativement aux lois et aux coutumes qui gouvernent les enfants et leurs familles.

La seconde section revise l'état présente des programmes de traitements et de soin de groupe résidentiel au Canada.

Dans la section finale, trois programmes de traitement résidentiel sont décrits qu' ils réflètent des tendances emergantes dans ce champs. Premièrement, une approche écologique de pratique est detailée, et les programmes de la Société de Ranch Ehrlo sont décrits. Secondement, le modèle contrôle/traitement du soin est discuté et les centres de jeunes Shawbridge (Shawbridge Youth Centres) à Montreal sont décrits. Finalement un programme opèré par de gens natifs pour des jeunes Indiens est contouré.

A travers ce document, une référence est faite à la loi sur les jeunes contrevenants qui sera proclamée en 1983 pour remplacer l'acte des délinquants juveniles. Cette legislation a substitué pour la protection à l'enfance une orientation de justice juvenile complete avec une constitution de droits légaux devant la loi. L'impact de cette nouvelle acte sur les centres de traitement résidentiel sera épouvantable, dependant sur l'interpretation des legislateurs et de la court provinciaux à implimenter cette legislation.

INTRODUCTION

The purpose of this paper is to discuss the growth and present state of residential group-care and treatment programs in Canada and to consider emerging trends in these services. Traditionally, residential treatment and group-care have referred to programs for emotionally disturbed children or youth. In this paper, the definition is expanded to include services for juvenile delinquents, provided that programs operate under child welfare auspices and deliver treatment services to young offenders.

The paper is divided into three sections. The first briefly traces the historical beginnings of residential group-care and treatment in Canada. In the second section, a review of the present state of these services is presented. Finally, three programs are discussed that reflect emerging trends.

HISTORICAL DEVELOPMENT

The growth of residential group-care and treatment programs for children in Canada closely parallels development of similar programs in the United States. Major differences are not reflected in the type or constellation of services; rather,

they reflect the interplay of laws, religion, and culture that has resulted from Canada being founded by two nations, England and France.

Across North America, residential programs were influenced by the sponsorship under which they developed, including educational, medical, penal, or welfare auspices.[1] The historical roots of most group-care programs for children are closely tied to penal or welfare sponsorship, and within these programs it is possible to trace the growth of services through three overlapping time periods that have been classified as the Puritan Era (1600-1800), the Refuge Manager Era (1750-1890), and the Child-saving Era (1850-1925.).[2]

During the Puritan Era, the Elizabethan Poor Laws of 1601 were adopted in North America. This legislation placed financial responsibility for the care of abandoned, orphaned, or destitute children on municipalities. In Canada, the acceptance of the Poor Laws was not uniform, since each province was delegated responsibility for welfare matters. Therefore, provincial legislators had the option of implementing this legislation. New Brunswick, Nova Scotia, Prince Edward Island, and Upper Canada (Ontario) passed Poor Laws, while Lower Canada (Quebec) tended to rely heavily on the Catholic church and private charities.[3] For those provinces with Poor Laws, it was customary to house children in the Poor House along with the insane, the retarded, the criminal, and the poor.[4]

The appalling conditions under which children were forced to live gave rise to the Refuge Manager period during which separate facilities for children were created. From 1874 to 1893, private institutions in Ontario and Quebec doubled, with approximately 4,000 children living in institutional facilities.[5] During this period, several important pieces of legislation were passed. The Industrial School Act of 1874 allowed police magistrates to commit neglected children to certified institutions; the Act for the Protection and Reformation of Neglected Children of 1888 allowed a police magistrate to hear cases of offenders under sixteen years of age; and the Act for the Prevention of Cruelty to and Better Protection of Children of 1893 required courts to transfer guardianship to the state for neglected children and to order the municipality to pay maintenance in foster homes or institutions.[6] Clearly, children's services during this period showed consistent movement toward upgraded standrds and recognition of the need to provide special protection.

Child-saving in Canada was partially stimulated as the result of the huge immigration of children from the slums of large English cities to farms in Quebec

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[1]Christopher Beedel, *Residential Life With Children* (New York: Humanitarian Press, 1979), 1.

[2]Paul Lerman, Forward to *Delinquency and Social Policy* (New York: Praeger Publishers, 1970), 3.

[3]John Melichercik, "Children and Youth," in *Canadian Social Welfare*, eds. Joanne C. Turner and Francis J. Turner. (Don Mills, Ontario: Collier MacMillan Canada, Inc., 1981), 121.

[4]Patricia T. Rooke and R. L. Schnell, "Child Welfare in English Canada, 1920-1948." *Social Service Review* 55 (September 1981): 488.

[5]Neil Sutherland, *Children in English-Canadian Society* (Toronto: University of Toronto Press, 1976), 12.

[6]Margaret Kirkpatrick Strong, *Public Welfare Administration in Canada*, (Montclair, New Jersey: Patterson Smith, 1969), 198-199.

and Ontario. Between 1883 and 1888, over 10,000 children were sent to Canada by 50 English emigration organizations.[7] Concerns about the handling of these children, as well as increasing delinquency rates caused by urbanization, led to the establishment in 1887 of the first Humane Society which became the forerunner of Children's Aid Societies in Canada.[8] These organizations were instrumental in facilitating the passage of the Juvenile Delinquents Act of 1908[9] and in focusing on the merits of foster care over institutional placement for neglected and dependent children. In addition, provinces passed a variety of legislation to provide for care. The Saskatchewan Act for the Better Protection of Neglected and Dependent Children in 1908[10] is one example.

In contrast to these socially motivated programs of child welfare, other services were developing that were spearheaded by the medical profession. For example, in 1901, concern of the Canadian Conference on Charities and Corrections for feeble-minded persons stimulated the growth of the Canadian National Committee on Mental Hygiene. This organization was instrumental in segregating retarded children into institutional placements for the primary purpose of ensuring these people did not propogate. By 1920, the committee extended their interests to delinquents in detention homes and reported that based on mental hygiene surveys[11] 60 per cent of these youth were mentally abnormal. This belief in genetic determinism helped to slow the advancement of community-oriented programs that stressed positive environments as a means of correcting the problems of emotionally disturbed or delinquent children.

After World War II, well publicized research reported the negative effects of institutional care, and a heightened emphasis on deinstitutionalization resulted. This was supported by the Canadian Council on Child Welfare and Children's Aid Societies across Canada.[12] Group-care facilities for children began converting to treatment centres designed primarily for emotionally disturbed children, including delinquent youth. For example, the Child Welfare Act in Saskatchewan limited the role of juvenile court to determining the guilt or innocence of juveniles, leaving the disposition of cases to child welfare authorities.[13] This development helped to establish the groundwork for changing institutions for delinquents from juvenile jails to treatment-oriented facilities.

By the 1960s, residential group-care had moved toward the incorporation of treatment-oriented programs, primarily under the direction of professional social workers. Foster care and community-based group homes were identified as the treatment of choice for dependent, neglected, and emotionally disturbed

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[7]Richard B. Splane, *Social Welfare in Ontario: 1791-1893*, (Toronto: University of Toronto Press, 1965), 263.

[8]Mildred E. Battel, *Children Shall Be First: Child Welfare Saskatchewan 1944-64*, (Regina: Saskatchewan Department of Culture and Youth, 1979), 5.

[9]Helen Gregory McGill, "The Juvenile Court in Canada: Origin, Underlying Principles, Governing Legislation and Practice." *Canadian Council on Child Welfare Publication* 17 (Ottawa: Canadian Council on Child Welfare, 1925), 32.

[10]Battel, *Children Shall Be First*, 5.

[11]Sutherland, *Children in English-Canadian Society*, 73.

[12]Rooke and Schnell, *Child Welfare in English Canada, 1920-1948*, 494.

[13]Battel, *Children Shall Be First*, 134.

youth with limited acting-out behaviours. For behaviourally disordered persons, institutional placement was a higher probability, particularly if delinquency was involved. Most provinces developed screening mechanisms for institutional placements because of costs and the prevailing belief that institutions should be a program of last resort.

In English Canada, the operations of child welfare services reflect the concept of *parens patriae*. The ultimate authority of the State is epitomized in the utilization of institutional services by provincial child welfare authorities for wards of the provinces. However, Quebec's Youth Protection Act of 1979 guaranteed juvenile rights under the law and specified the mutual responsibility of the child, the family, and the community in helping troubled youth. This Act reflects the determination in French Canada to entrench rights and protect family life which has been a major motivation of legislators throughout the history of Quebec province.

In 1981, Canada proclaimed The Constitution Act which included a Canadian Charter of Rights and Freedoms. The proclamation of The Young Offenders Act in 1983 guarantees juvenile rights before the law. These two pieces of legislation will have a direct impact on residential group care, and Canadians are preparing for a new era of services to children and youth. The impact of this legislation is discussed below.

PRESENT STATE OF RESIDENTIAL AND TREATMENT SERVICES IN CANADA

A growing number of children and their families are expressing problems in response to stressful developments within a rapidly changing society. Reports indicate that suicides, delinquencies, illegal use of drugs, and runaways have increased dramatically among youth in the past two decades, while problems of neglect, sexual abuse, divorce, and parental abandonment of children have increased within families.[14] Further, school dropouts are escalting at a time when the demand for skilled labor had intensified, thereby creating a potentially dependent group of poorly educated adults. Confounding these problems, the number of families slipping into poverty, with all its negative impact, continues to increase despite efforts to reverse this trend.[15]

The profile of troubled children is of growing concern to child welfare authorities. One feature of the profile is poverty. Studies indicate that between 17 and 45 per cent of children, depending on the province or region in which they reside, live in poverty.[16] As a result, they are subject to the many problems associated with poverty including inadequate housing, high crime neighbourhoods, poor mental health, family instability, unemployment, health problems, and related difficulties.

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[14]For example see: Linda Demers, *Young People: A Statistical overview*. (Ottawa: Secretary of State, 1982) and Jan DeWaal, *What You Should Know About Alberta Children and Their Families: the Darker Side*. (Edmonton: Lone Pine Publishing, 1982).

[15]National Council of Welfare, *Poor Kids: A Report of the National Council of Welfare on Children in Poverty in Canada*. (Ottawa: National Council on Welfare, March 1975), 4-9.

[16]National Council of Welfare, *In the Best Interest of the Child* (Ottawa: National Council of Welfare, December 1979), 8.

Poverty carries a stigma in society that is related to the Puritan belief that poor people are inherently lazy and require strict handling to counteract moral deficiencies. It can be argued that these attitudes help to contribute to the fact that poor children are charged for delinquency in juvenile court more often than middle class youth. Also, poverty children comprise over 90 per cent of institutional placements.[17] This suggests that poverty continues to be viewed as personal inadequacy that can be corrected through counselling rather than in a larger system perspective.

In 1969, the Canadian Commission on Emotional and Learning Disorders in Children (CELDIC) reported that 10 to 15 per cent of children under 19 years of age had emotional and learning disorders.[18] It is suspected that a high proportion of these youth comprise the child welfare population, and these one million children share many characteristics of the identified emotionally disturbed population.[19] If this is correct, child welfare facilities will be primarily utilized to correct such disorders. In fact, the major funders and suppliers of children to residential programs are public child welfare agencies and Children's Aid Societies.[20]

The Canadian census in 1971 indicated that 205,000 children under age 18 were not living at home under the supervision of one or both parents. Of this group, 6,575 (3.2 per cent) were in facilities for emotionally disturbed or delinquent youth.[21] The majority of centres are located in eastern Canada. For example, Quebec has 11,700 residential facilities, while Ontario has 2,026. The other provinces in total have 3,810 facilities. Of the total residential programs, the majority are Treatment and Education Centres, while the remainder are Group Homes or Receiving Homes and Assessment/Planning Centres.[22]

The native Indian child has been the focus of increasing attention by child welfare authorities in Canada. Over three per cent of status Indian children are in substitute care. However, native children comprise 39 per cent of the total number of children in care in British Columbia, 40 per cent in Alberta, 50 per cent in Saskatchewan, and 60 per cent in Manitoba. Further, while native children enter care at an increasing rate, the discharge of these children is below that of their white counterparts.[23] A high proportion of native children are placed in residential treatment programs operated by social workers from the dominant culture. This problem has become a major issue of debate by Indian leaders.

In 1974, Statistics Canada completed a survey of 176 residential treatment centres for emotionally disturbed children in Canada. This report stated that 82 per cent of the centres began operating as treatment facilities after 1960. Most of

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[17]National Council of Welfare, *Poor Kids*, 31-32.

[18]Commission on Emotional and Learning Disorders in Children, *One Million Children* (Ottawa: Leonard Crainford, 1970), 54-57.

[19]Philip H. Hepworth, *Residential Services for Children in Care* Vol. 4: *Personal Social Services: A Review*, (Ottawa: Canadian Council on Social Development, 1975), 1.

[20]Statistics Canada, *Survey of Inpatient Facilities for the Treatment of Emotionally Disturbed Children, Canada, 1974*, (Ottawa: Statistics Canada, 1974), 20-21.

[21]Hepworth, *Residential Services for Children*, 6-7.

[22]Hepworth, *Residential Services for Children*, 5.

[23]National Council of Poverty, *In the Best Interests of the Child*, 7.

the centres were voluntary, and two-thirds of clients were male. Relative to age, 12 per cent of the children were under nine years, 47 per cent were ten to fourteen years, and 41 per cent were fifteen years and older. Average length of stay in residence was one year, with hospitals showing the shortest stay (under two), and residential treatment centres showing the longest stay, nearly fourteen months.[24]

At the present time, three divergent forces are affecting the development of residential treatment services in Canada. First, deinstitutionalization has become popular rhetoric.[25] The debate has been spurred by negative media reports of abuse and improper handling of residents. These widely publicized problems have resulted in renewed efforts to develop standards and to implement programs of monitoring and accountability for institutional services. Through a ripple effect, all provincial jurisdictions have been affected to some degree, and concerted efforts to upgrade programs of group-care and treatment are evident. Nevertheless, these concerns have given impetus to the movement toward deinstitutionalization.

The second force to have an impact on group treatment facilities is the growing awareness of the need to establish a range of interacting resources for children. Proponents of the continuum-of-care concept argue that residential treatment facilities are a part of this resource network, with residential care the treatment of choice for selected children on the basis of need.[26] This has resulted in residential treatment centres being forced to accept older clients with more severe problems, and residential treatment has become a last resort for children who cannot be maintained within other community-based facilities.

Third, as referral agencies have indicated increasing interest in maintaining clients in community-based facilities, institutional programs have reacted to these developments through the creation of such decentralized facilities as group homes, group foster care, half-way houses, and specialized foster care. In some cases, this decentralization involves not only moving from congregate group-living facilities to community-based residences in the same locale, but it also involves movement to other cities or regions within the province in order to facilitate the opportunity for residents to live closer to their home community. All of these programs may operate under the administration of institutional personnel of residential treatment centres.

NEW DEVELOPMENTS IN RESIDENTIAL GROUP-CARE AND TREATMENT

To approach the subject of new developments in residential group-care and treatment services in Canada, three programs are reviewed. This limited overview does not attempt to highlight specifically many of the new and exciting ideas across the nation; rather, it attempts to consider emerging trends in this field as exemplified by the three programs discussed.

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[24]Statistics Canada, *Survey of Inpatient Facilities*, 13-19.

[25]Diane Reichertz, *Residential Care: The Impact of Institutional Policies, Structures, and Staff on Residential Children* (Montreal: McGill University Press, 1978), 23-24.

[26]Reichertz, *Residential Care*, 34-38.

1. *Ecological Model of Care*

The ecological model of residential treatment attempts to treat the whole person within a total environment, including the treatment milieu, home, school, community, and other interacting forces. In this model, the problems of a child are viewed as a dysfunction between the individual and his unique environment.[27]

An example of this model of care is the Ranch Ehrlo Society[28] located in Regina, Saskatchewan. This incorporated non-profit agency was established in 1966 with the mandate to provide care, treatment, and education for emotionally disturbed and/or delinquent children and youth. At present, the agency has 65 residents between 12 and 18 years of age who have been referred through a range of public and private sources across Canada.

From its inauguration, this agency developed services based on social work practice that has incorporated key principles of normalization, community integration of residents, and group treatment within a therapeutic milieu. More recently, treatment planning has included continuity of care, provision of family services, and goal-oriented treatment programs. Underpinning these principles, the agency accepted a developmental model of care based on the psychosocial theory of social work practice.

The ecological approach has been realized in three major ways: a range of residential alternatives available for youth; a diversity of clinical, social, and educational programs; and the diverse backgrounds of staff selected to carry out these programs. Each of these areas is important to the holistic approach to treatment accepted by the Ranch Ehrlo Society.

Turning first to residential facilities, the agency has developed a network of interconnected services in order to meet the expressed needs of residents who require various degrees of structure and independence. These include a residential treatment centre located seven miles outside a major city, several group homes in the city, a specialized foster care program with homes across the province, and an independent living program. The development of these services has been arduous, with many setbacks during the past 17 years. Nevertheless, the range of residences for treatment and aftercare helps to create a smoother transition for clients in moving from one resource to another.

Ranch Ehrlo Society operates an array of educational, social development, recreational, and clincial programs for residents. Basic to these programs is the recognition that emotionally disturbed children and youth require routines and structure that are differentially applied, based on levels of maturity.

Educational programs of the agency are divided into two main divisions, including those services for students integrated into the mainstream of education through local school boards and those special education programs offered by the Society. About half of the students attend regular classrooms; the others are placed in the agency's remedial, vocational, upgrading, or transition classrooms. Central to all these programs is a heavy vocational emphasis providing work skills for older adolescents who will soon enter the employment market. As part

[27]Susan Johnson, "Residential Treatment for Emotionally Disturbed Children and Adolescents: A Review of the Literature," *Canada's Mental Health* (March, 1982), 5.

[28]Information taken from unpublished agency documents about the Ranch Ehrlo Society.

of this preparation, selected students are placed with employers in a variety of trades, and the Society pays a training allowance to students while they are working.

Mandatory social development courses include sex education, communications, life skills, independent living, and substance abuse. Related to these courses, the gency has an "action therapy" program that stimulates involvement of youth and focuses on building self-esteem or awareness. These programs include drama, dance, movement awareness, pow wow, and creative art. Voluntary activities include crafts, outdoor recreation, self-defense, and driver education.

Clinical staff monitor the progress of all children and youth, as well as focusing on consultation to unit staff, casework for select clients, family counselling, and monitoring the progress of discharged youth. An integral part of the clincial service is the creation of a therapeutic milieu in all residences of the agency.

Delivery of comprehensive services requires knowledgeable staff. However, the Society does not hire on the basis of academic background at the line level; rather, it attempts to recruit personnel who are mature and who have a natural ability to work with problem youth. From this point, the staff are trained through in-service courses, unit meetings, clinical meetings and personnel evaluations. The policy ensures recruitment of high quality personnel with appropriate motivation, while in-service training maximizes the potential of staff. Further, the diversity of staff permits youth to interact with a wide range of adult personalities in working through their many problems.

2. *Control/Treatment Model of Care*

Active social control attempts to regulate the violators of community laws rather than to arrest and prosecute offenders. This suggests that compliance with community norms is the major concern of service providers. Traditional values related to community protection often vie with child protection and treatment. It can be argued that the description of delinquency often depends on the perception of arresting officers, availability of biographical data, estimates of the morality of parents, biases of judges, and therapeutic ideologies of caretakers.[29] Clearly, control and treatment appear to be polarized at opposite ends of a continuum, but the reality remains that children and youth will continue to be placed in detention centres for the protection of society. Therefore, from a practical and humane point of view, treatment must be attempted despite the limitations imposed by the control model. This becomes the major challenge for treatment personnel.

Shawbridge Youth Centres,[30] established in Montreal in 1907, is an excellent example of the control/treatment model of care for delinquent youth. Over its 75 year history, Shawbridge has developed and adapted programs in an effort to achieve quality services in the treatment of juvenile delinquents. These changes can be classified under three major headings: organizational mission, legislative changes, and emerging treatment modalities.

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[29]Edwin M. Lemert, *Human Deviance, Social Problems, and Social Control* (Englewood Cliffs, New Jersey: Prentice-Hall Inc., 1967), 25.

[30]Information taken from unpublished agency documents about Shawbridge Youth Centres.

The original mandate of the service was to provide treatment to delinquent anglophone boys. To carry out this mission, 250 acres of land were obtained in the Laurentian foothills 40 miles north of Montreal. It took two years to construct facilities, and in 1909, 32 residents arrived from the Sherbrooke Jail and the Roman Catholic Reformatory in Montreal. The original mandate to treat delinquent youth did not change until 1950, when the provincial government in Quebec brought in new legislation which designated Shawbridge a Youth Protection School. This change resulted in Shawbridge expanding its client population to include youth up to 18 years of age who were retarded, emotionally disturbed, abused, or delinquent. In 1966, three commissioned studies suggested that the client base of the agency was too broad, and it was recommended that Shawbridge concentrate its resources on acting-out delinquent youth rather than a more generic client population. This change was effected immediately, and by the early 1970s, Shawbridge Youth Centres began to develop a multi-service program for delinquent youth of both sexes. At present, this organization provides services to approximately 225 residents through treatment centre, group homes, community residences, and a day program.

Legislative changes helped to shape the organizational mandate of Shawbridge. Initially, the agency was founded as a special project by the directors of the Montreal Boys Home. Private funding facilitated the purchase of land in the Laurentians. The 1925 Act on Reform Schools classified the program as a training school. Later, the Quebec Provincial Youth Protection Act of 1950 designated the status of Shawbridge as a Youth Protection School. This change made Shawbridge a para-public institution that operated under an appointed board of directors. In 1979, the Youth Protection Act specified the rights of children and attempted to clarify the mutual responsibilities of home, community, and service provider in working with troubled young people. The requirement of strict safeguards in the handling and detention of youth as well as the clear statement of the youth's right to quality treatment forced all services to children and youth, including Shawbridge, to reconceptualize and upgrade programs.

The search for a treatment modality to create positive change in delinquent youth has been an ongoing process for this agency. The original treatment philosophy incorporated involvement in rural life, with work, discipline, sports, and formal education as major treatment modalities. Pride was taken in such accomplishments as successful crop harvests and prize winning cattle. By 1930, the agency had pioneered family-group plan treatment through the use of self-contained cottages housing 30 residents. Until 1966, the basic treatment modality continued to be group living, but it was clear that this was insufficient. In 1969, the Interpersonal Maturity Level Classification: Juvenile (I-Level) was introduced.[3] This facilitated the development of homogeneous cottage groups for 16 youths based on carefully developed diagnostic and treatment plans.

The agency is now organizationally divided into two sections: the residential treatment division and the community services division. These programs are linked through committees to consider both internal and external operations of the agency in order to ensure consistency and maintenance of social service

[3]Dan C. Gibson, "Differential Treatment of Delinquents and Interpersonal Maturity Levels Theory: A Critique," *Social Service Review* 44 (1970) 22-33.

objectives related to the youth served. Inherent in administrative functions, Shawbridge attempts to tap the creative abilities of staff in developing services.

Underpinning the work of the Shawbridge Youth Centres is control of deviancy through treatment. Strict procedures are detailed to prevent runaways and to control aggressive acting-out behaviour. Commitment to treatment excellence is clearly in place within a prevailing philosophy to return youth to community programs at the earliest time. Nevertheless, Shawbridge clearly specifies in its policy manual that custody is the first requirement of the agency, and that the ability to contain youth provides the ultimate treatment structure. It can be assumed the youth served by this agency are not clients in the traditional sense, but target systems[12] that require special handling in order to bring them to the status of clients. The challenge for service providers in the control/treatment model is the delivery of quality treatment programs for hard core delinquents within a child welfare philosophy.

3. Structured Group Living and Role Models

One of the earlier views of residential treatment was that corrective changes in children's behaviours could be achieved through structured group living with healthy role models. The development of a systematic environment was expected to reinforce desired responses while eliminating negative behaviour in a basically behaviour modification approach.[13] In Canada, there has been a revival of this model in the treatment of native children where treatment programs operated by Indian persons have been established. The rationale for this development rests on providing native children with positive role models from their own culture. However, detractors argue that the true reason for establishing such services is primarily political in order to drain off negative criticism about the numbers of native youth in care. Whatever the rationale, the Sandy Bay project exemplifies this approach.

Sandy Bay, a remote village in northern Saskatchewan, was accessible in the early 1960's only by air or overland through bush. Local services were provided by an outpost nurse, a policeman, and a priest who were residents in the community. When children were neglected or temporarily abandoned, a child welfare worker was called by radiophone and flown into the area. In many cases, children were apprehended and taken out of the community until parents returned or family disputes resolved. This system was extremely expensive and not particularly effective.

A community development project was planned for Sandy Bay by the Department of Social Services, and the child welfare workers began flying into the village and staying for several days in an abandoned house. The purpose of these trips was to meet the people and to become familiar with local customs. It became clear early in the process that the only organized group in the community was Alcoholics Anonymous, whose members met nightly at the recreation centre. The child welfare workers participated with this group, and gradually the subject of alternative child care was discussed. After several months of

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[12] Allen Pincus and Anne Minahan, *Social Work Practice: Model and Method* (Itasca, Illinois: F.E. Peacock Publishers, Inc., 1973), 53-68.

[13] Johnson, "Residential Treatment: A Review of the Literature," 5.

deliberation that involved careful consideration of expectations and responsibilies, a child care committee was formed. This committee was given respnsibility for the establishment of a group home for children, the provision of temporary shelter through the family or neighborhood network system, and the establishment of a family alcohol rehabilitation centre.[14]

One of the strengths of this model of care is that the community identifies common concerns and actively works toward desired goals or outcomes. Potentially, this system can have major impact on both children and adults since role models actively participate with all members of a family. However, such a system is easily jeopardized if key persons return to old habits or move away. Further, it may be argued that the primitive socialization of some of the more mature role models seriously limits the ultimate functioning of children. Nevertheless, great strides have been taken by this village, as depicted in the film "We Can," a project of the School of Social Work at the University of Regina. Perhaps this is not the complete answer in relation to ecological programs of treatment, but it may be a first step in building such services. At this point, more of these projects for Canadian Indians are underway, and they are likely to remain a high priority for public funders.

FUTURE DIRECTIONS OF SERVICE

The status of residential group care and treatment has been seriously affected by the new Canadian Constitution Act (1981) and the Young Offenders Act proclaimed in 1983. For example, under the Constitution, all Canadians are guaranteed freedom from arbitrary confinement regardless of age; and under the Young Offenders Act, youth have specified rights before the law, including placement in the least restrictive environment when substitute care or treatment is indicated.

These changes have resulted in moving from a child protection orientation to a juvenile justice orientation that emphasizes legal rights. Depending on how courts interpret these legal provisions, staff at residential treatment centres, as judicious custodians acting in *loco parentis*, may no longer be able to contain youth in their custody. Only youth courts, in coordination with a provincially appointed Director of Youth Services, may have this authority. These and other questions will be answered as case law builds a body of legal precedent to guide Canadians in the delivery of services.

The future of residential group care and treatment is unclear. Changes are in the making that will require new commitments in the delivery of child welfare services within increasingly complex environments, particularly for residential treatment programs.

[14] Len Soiseth, "A Community that Cares for Children," *Canadian Welfare* 46 (May-June, 1970), 8-10.

THE JUVENILE JUSTICE SYSTEM: IMPLICATIONS OF NEW YOUNG OFFENDERS LEGISLATION

John Hylton

Sommaire

La nouvelle Loi sur les jeunes contrevenants constitue l'une des lois sociales les plus important pour Canada qui ait été adoptée ces dernières années. Comparée à la loi sur les jeunes délinquantes de 1908, cette loi represente un changement d' approach fondamental.

Dans le contexte du système criminel Canadien, cet article décrit la conséquence de la nouvelle loi sur les rapports qui existent entre le gouvernement fédéral et les gouvernements provinciaux, ainsi qu'entre les tribunaux et les services administratifs, les coûts d'exécution et les conséquences anticipées sur les jeunes délinquants eux-mêmes. On prévoit que les changements apportés par la nouvelle loi dépendront en large mesure de la façon dont l'intention originelle sera exécutée en pratique.

In Canada, the law governing how the justics system deals with youthful offenders has remained virtually unchanged for 75 years.[1] During 1982, however, after nearly two decades of discussion and debate, the federal parliament passed a new Young Offenders Act. This Act, which is expected to be proclaimed in 1983, will profoundly influence programs and services for young offenders in Canada. It has been called "one of the most significant pieces of social policy legislation to have been passed in recent years."[2] This paper describes the provisions of the new Act, identifies the ways in which it is similar to and different from the legislation it replaces, and speculates about the impact of the new law on young offenders and on Canadian society.

CRIMINAL LAW AND THE ADMINISTRATION OF JUSTICE IN CANADA

Before describing the provisions of the Young Offenders Act, I want to provide a context by outlining the jurisdictional responsibilities in the Canadian criminal justice system. The manner in which responsibilities are divided between the federal and provincial governments differs from that in many other countries.[3]

In Canada, the federal and provincial governments share responsibility for the administration of justice. While the provinces may pass laws to regulate hunting, fishing, motor vehicles, alcohol regulation, public health, and the protection of children, the federal government has jurisdiction over criminal law. The federal government's authority, as set forth in the constitution, extends to "the criminal law, except the constitution of the courts of criminal jurisdiction, but including the procedure in criminal matters."

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[1]The Juvenile Delinquents Act was passed in 1908. With the exception of some substantive amendments in 1925, the Act has remained virtually unchanged to the present day.

[2]Canada Ministry of the Solicitor General, *The Young Offenders Act, 1982: Highlights* (Ottawa: Supply and Services, 1982).

[3]For a more detailed discussion see John Hylton, *Reintegrating the Offender: Assessing the Impact of Community Corrections* (Washington, D.C.: University Press, 1981).

The composition of the courts of criminal jurisdiction is a power given to the provinces in the constitution, although the federal government is given power to establish and regulate superior courts. The courts established by the provinces, usually referred to as provincial or magistrates courts, hear about 95 per cent of all cases.[4]

Policing within the provinces is a provincial responsibility, although all but two provinces contract with the national police force (the Royal Canadian Mounted Police) to provide services. The federal government provides correctional facilities for adults who have been sentenced to incarceration for two or more years. Correctional programs for adults who receive a shorter sentence and for young offenders are the responsibility of the provinces.

The split in jurisdiction means that provinces must administer criminal laws which only the federal government has the power to enact. The Young Offenders Act, like other criminal law, has been passed by the federal government. Each province, however, will decide how the law is implemented.

Both the Juvenile Delinquents Act, which has governed the juvenile justice system since 1908, and the new Young Offenders Act establish a system of juvenile justice which is separate from the adult system and has its own unique procedures, safeguards, and dispositions.

With this thumbnail sketch of responsibilities for criminal justice in Canada as background, let us turn to a consideration of the Young Offenders Act recently passed by the federal parliament.

THE DEFINITION OF A YOUNG OFFENDER

One of the most controversial provisions of the new Act changes the definition of a young offender. The Juvenile Delinquents Act permitted provinces to decide whether the upper age limit for purposes of applying the Act would be under 18, under 17, or under 16 years of age. At present, two provinces (Quebec and Manitoba) use 18, two provinces (Newfoundland and British Columbia) use 17 and the remainder of the jurisdictions use under 16 years of age. Therefore, the system of juvenile justice differs from province to province.[5] Some of these differences are identified in Table I. The new Act, when fully implemented, will bring about a uniform standard of under 18 years of age.

The Young Offenders Act has also brought other changes to the definition of a young offender. Under the provisions of the Juvenile Delinquents Act, offenders as young as seven could be prosecuted. The new Act, however, provides that only those who have attained the age of 12 can be prosecuted. In other words, the federal parliament has decided that those offenders under 12 will not be held criminally responsible and will be provided with services through the health and social services systems. While a child under 12 who has committed a serious violation may be regarded as a child "in need of protection," there will be no legislative provisions to hold the child legally responsible for his actions. In this way, the Young Offenders Act will make an impact on child welfare services.

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[4]Keith Jobson, "Sentencing" in W.T. McGrath (ed.), *Crime and Its Treatment in Canada* (Toronto: MacMillan, 1976), 218-236.

[5]Canadian Centre for Justice Statistics, *Juvenile Delinquents 1981* (Ottawa: Statistics Canada, 1981).

TABLE I

CASE FLOW IN CANADA'S JUVENILE JUSTICE SYSTEM

1981

Province/ Territory	Maximum Age	Population (1000's)	Convictions	Non-Custody Disposition	Custody Disposition or Wardship
Newfoundland	under 17	504.2	3,409	2,817	592
Prince Edward Island	under 16	110.7	219	184	35
Nova Scotia	under 16	765.2	1,679	1,334	345
New Brunswick	under 16	629.2	1,459	1,188	271
Quebec	under 18	5,671.1	23,783	17,619	6,164
Ontario	under 16	7,730.7	17,860	15,856	2,004
Manitoba	under 18	917.9	16,616	15,896	720
Saskatchewan	under 16	859.0	2,353	1,798	555
Alberta	under 16	1,837.9	8,947	7,306	1,641
British Columbia	under 17	2,382.7	16,503	15,953	550
Yukon	under 16	18.7	248	215	33
Northwest Territories	under 16	35.4	559	493	66
CANADA			93,635	80,659	12,976

Source: Statistics Canada, *Juvenile Delinquents 1981.*

Finally, the Juvenile Delinquents Act provided jurisdiction to deal with violations of federal, provincial or municipal laws. The new legislation is limited to federal law violation. Jurisdiction over provincial matters, including vehicle and liquor control, has been removed from the youth court. It will now be up to each province to decide how young people who violate these laws will be treated. It is expected that some provinces will enact special legislation to deal with these cases, while other provinces will modify existing legislation applying to adults.

Most controversial of these changes is the provision that will bring about a uniform national age for differentiating juvenile from adult offenders. When the legislation was being discussed, nearly all jurisdictions acknowledged the importance of having a uniform national age. However, each lobbied to have its own practice used as the model for the national standard. In fact, draft legislation introduced in 1981 proposed to continue the practice of allowing each province to determine its own maximum age provision. When the Bill was in committee, the Solicitor General of Canada introduced an amendment to create a national standard. Against objections from many provinces, the Solicitor General argued that the uniform national standard was required by Canada's Charter of Rights and Freedoms, which guarantees equality before the law and prohibits discrimination on the basis of age.[6]

[6]Canada Ministry of Supply and Services, *The Canadian Constitution, 1981: Highlights* (Ottawa: Supply and Services: 1981).

THE PHILOSOPHY OF THE NEW ACT

In part because of the change in the definition of a young offender and in part because of the mood of the public and the policy makers, the Young Offenders Act incorporates a significant shift in juvenile justice philosophy. The new Act is based on four central principles:

1. Young persons should be held more responsible for their behaviour but not wholly accountable since they are not yet fully mature.
2. Society has a right to protection from illegal behaviour.
3. Young persons have the same rights to due process of law and fair and equal treatment as adults, and these rights must be guaranteed by special safeguards.
4. Young persons have special needs because they are dependents at varying levels of development and maturity and therefore also require guidance and assistance.

By identifying objectives associated with deterrence, punishment, accountability and protection of society, the Young Offenders Act incorporates principles that are close to those of the adult criminal justice system. Proponents of the new Act successfully argued that the rehabilitative perspective as adopted in the Juvenile Delinquents Act was outdated and ineffective in controlling youth crime and that a "rights and responsibilities approach" was more appropriate for contemporary life.

The Juvenile Delinquents Act regarded young offenders as "sick" and in need of treatment. Officials in the criminal justice system were directed to keep the best interests of the young person uppermost when responding to youth crime. This approach had been criticized by some childrens' rights advocates, among others, who felt that placing the emphasis on "what a youth needs" rather than on "what a youth has done" resulted in injustices and violations of due process.

In many provinces, however, the child welfare or treatment oriented approach was preferred for many years. In some provinces, in fact, juvenile delinquents were processed through the court system using provincial child welfare legislation rather than the Juvenile Delinquents Act. Proponents of this approach have argued that the use of child welfare principles has the potential to create a more humane and benevolent system that minimizes the use of "corrections oriented" programs, particularly custody programs, for young people.[1]

Philosophical questions were vehemently debated throughout the drafting and passage of the Young Offenders Act. The final wording may be regarded, at best, as a compromise. A number of constituencies, particularly in the law enforcement field, argued for increasing the emphasis on punishment and protection of society, while proponents of the child welfare approach argued that the bill had gone too far towards creating an adult justice system for children.

Consistent with the new philosophy and the concerns about the adequate protection of rights, a major impact of the new Act will be to bring about a realignment of roles and responsibilities between the administrative and judicial arms of government. Under the Juvenile Delinquents Act, administrators

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[1] Otto Driedger, "The Canadian Experience: The System of Crime Control in Saskatchewan," in Norman Tutt (ed.), *Alternative Strategies for Coping with Crime* (Oxford: Basil Blackwell, 1978), 120-136.

(usually in Departments of Social Services) enjoyed broad powers to determine the type of program that would be provided to a young offender. Administrators could also decide how long the young offender should remain, for example, in a custodial facility before being transferred to a foster home. Administrators were given these powers because it was felt they were in a better position than the courts to determine what was in the best interests of the young offender.

The new legislation, however, significantly reduces the power of administrators. Now the courts will decide not only the specific type of program that will be provided, but also the period over which the young offender will be required to participate. While dispositions can be altered, only the youth court has the power to modify a court order. This increased power for the courts is intended to make the court, rather than social services personnel, responsible for insuring that the objectives of sentencing, which include deterrence, accountability, protection of society, are attained.

DUE PROCESS AND OTHER RIGHTS

The Young Offenders Act is an attempt to balance rights and responsibilities. While young offenders will be held more responsible for their actions under the new legislation, they will also have new rights which were not guaranteed under the old law. These rights include: the right to be represented by and have access to counsel at all stages of justice processing; the right to be properly informed; rights of appeal similar to those of adults; rights of access to court records and other documentation; and the right to regular reviews of court dispositions.

These provisions of the new Act, which have been widely acclaimed, are expected to increase substantially requirements for state funded legal aid, prosecutorial and other court related services.

PROGRAM REQUIREMENTS

The new legislation will require each province to provide a broad range of programs for young offenders. In most provinces, this will require both an expansion of existing programs and the introduction of new programs. With respect to non-custody dispositions, the judge may require a young offender to: serve a period of probation (with or without conditions); pay restitution, compensation or perform a service for the victim of a crime; perform a community service; pay a fine.

The judge may also sentence a young offender to "open" or "secure" custody for a period of up to three years. Young offenders must be held in facilities that are separate and apart from those used for adult offenders.

In addition to these mandatory programs, provinces may develop additional programs. For example, the way in which diversion services are provided is discussed in some detail in the Act. However, provinces are not required to provide diversion services.

It is expected that these provisions of the new legislation will significantly broaden the programs available for young offenders. Under the Juvenile Delinquents Act, there was limited and inconsistent use of many innovative community programs because the programs did not have a clear legislative base. Now, provinces will be held responsible by the youth court for providing the required range of services.

ADMINISTRATION OF THE JUVENILE JUSTICE SYSTEM

The new Act includes extensive provisions related to the administration of the juvenile justice system that are intended to introduce a new level of accountability. The informality of the Juvenile Delinquents Act has been replaced by formal requirements which include: the specific designation, usually by the provincial cabinet, of juvenile justice personnel (for example, judges, youth workers, provincial administrators) to perform duties spelled out in the Act; the specific approval and designation of juvenile justice programs (for example, open and secure custody programs, diversion programs); the establishment of record keeping and administrative systems; and detailed procedures and policies that must be followed in addressing a broad range of administrative issues (for example, preparation and distribution of pre-sentence reports).

TIME FRAME FOR IMPLEMENTATION

The new legislation will come into force on a day to be proclaimed by the federal government, currently planned for October 1983. The Act specifies that all provinces must achieve age uniformity by April 1, 1985. For most of the provinces, and the two territories, this means the Act would come into force for 12 to 15 year-olds in 1983 and for 16 and 17 year-olds in 1985.

The Young Offenders Act is expected to have major financial implications. The provision of custody programs for 16 and 17 year olds, the establishment of the required community programs, and the expansion of publicly funded legal assistance programs, will be most expensive. While the federal government has promised to share in these costs, an agreement has yet to be worked out. In the current economic climate, there are likely to be serious questions about the appropriateness of undertaking massive program development and implementation in the time frame currently proposed. While it is difficult to predict the outcome, there may be pressure, either to delay proclamation or to modify the more expensive provisions of the Act.

DISCUSSION

At this writing, it is also difficult to foresee what impact the Young Offenders Act will have on young persons who come into conflict with the law and on Canadian society in general. While there can be little question that the Juvenile Delinquents Act was in need of substantial updating, it is too early to predict whether or not the Young Offenders Act will overcome the deficiencies that had been recognized.

The impact of the legislation is difficult to predict because: the provinces have been given some latitude to determine how the Act will be implemented, and most provinces are still planning their programs; as yet, there is no case law to illuminate the meaning of many provisions of the Act that are phrased in general terms; the impact of the legislation will depend to a significant degree on the way in which officials in the criminal justice system, particularly judges, react to it; and the availability and utilization of programs will depend on the financial resources that are available. Financial agreements between the provinces and the federal government, which will be an important determinant of the resources that are ultimately made available, have not yet been concluded.

Despite these uncertainties, I predict the new legislation will profoundly influence the juvenile justice system in two different and somewhat contradictory ways.

1. The new philosophy embodied in the Act and the fact that judges will have greater powers to supervise the administration of sentences, will lead to a greater preoccupation with "just deserts" and a lessening concern with the underlying causes of crime and with the welfare of young offenders. In this sense, the system has the potential to become more punitive.
2. The provisions of the legislation respecting due process and other rights will lead to a much more formalized and adversarial judicial process. Many offenders may "get off," or they may receive sentences that are less harsh because they are not being sentenced for "treatment." In this sense, the system has the potential to become less punitive.

Whether or not Canada's juvenile justice system becomes more punitive remains to be seen. Both the proponents of the Act, who have claimed it is a "new deal" for young offenders, and the critics who have claimed it is a "criminal code for kids," can find much in the 100 pages of the Act to support their positions. It has been said that only five per cent of the final outcome will be explained by the original intention. The other 95 per cent will be explained by how the original intention is implemented in practice. In Canada, we wait to see what changes in practice the new legislation will bring about.